FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | | |
|--------------|--------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0 | | | | | | | | | |

287 Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* <u>Begor Mark W</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol FAIR ISAAC CORP [FICO] | | | | | | | | | | elationship o ck all applio Directo | able) | g Pers | on(s) to Issi 10% Ov | | |
|--|---|--|---|---------|-----------------------------|--|-------|-------|--|-----------------------|---|---------------------|--|----------------------|--|---|---|-----------------------------------|--|--|--|
| (Last) 181 MET | (Fi | | 3. Date of Earliest Transaction (Month/Day/Year) 03/21/2018 | | | | | | | | | | Officer below) | er (give title V) | | Other (s below) | specify | | | | |
| (Street) SAN JOSE CA 95110 (City) (State) (Zip) | | | | | , 4. I | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Line | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Nor | n-Deriv | ative | e Se | curit | ies A | cau | ired. C | Dist | osed o | f. or B | ene | ficiall | v Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transport Date (Month/L | | | | action | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transac Code (In 8) | tion | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | A) or | 5. Amou Securitie Beneficia Owned F | nt of s ally following | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | Code | v | Amount | (A) or (D) | | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common | Stock | | | 03/21 | 1/201 | /2018 | | | | M | | 1,587 | | A | \$0 | 3,174 | | | D | | |
| | | - | Гable II - | | | | | | | | | sed of, onvertil | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, T | ate, Transacti Code (Ins | | | | 6. Date Exercisal Expiration Date (Month/Day/Year) | | | | 7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transactic (Instr. 4) | is illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | C | Code | v | (A) | (D) | Date Exe | e ercisable | | xpiration ate | Title | or Nu of | umber | | | | | | |
| Restricted Stock | (1) | 03/21/2018 | | | M | | | 1,587 | 03/2 | 21/2017 ⁽² | 0 | 3/21/2019 | Commo Stock | | ,587 | \$0 | 1,586 | 5 | D | | |

Explanation of Responses:

- 1. Each restricted stock unit represents a right to receive one share of Fair Isaac common stock contingent upon continued service on the board.
- 2. The restricted stock units vest in three equal annual installments commencing on this date and vested shares will be delivered to the reporting person as soon as practicable thereafter.

Remarks:

/s/Nancy E. Fraser, Attorneyin-fact

03/22/2018

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.