FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Maala:aa4aa	D 0	20540	
Vashington,	D.C.	20049	

STATEMENT	OF	CHANGES	IN	BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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).

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

Name and Address of Reporting Person* Manalia Eva					2. Issuer Name and Ticker or Trading Symbol FAIR ISAAC CORP [FICO]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Manolis Eva																X Direct	or		10% O	wner		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 02/14/2024										Office below	r (give title)		Other (sbelow)	specify		
5 WEST MENDENHALL SUITE 105						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)																	X Form filed by One Reporting Person Form filed by More than One Reporting					
, ,	ZEMAN, MT 59715					Rule 10b5-1(c) Transaction Indication																
(City)	(Si	(State) (Zip) Check this box to indicate that a transaction was made pursuant to a contract, instruction or written satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											ı plan t	that is intende	ed to							
		Tab	o I No	n Doris	rativo	80	ouritie			rod [)ice	ancod (of or E	000	ficial	ly Owne	۸ ا					
4 = 4			e i - Noi			_			<u> </u>		JISI								1			
1. Title of Security (Instr. 3) 2. Trans Date (Month/I					2A. Deemed Execution Date, if any (Month/Day/Year)			e, 1	Transaction Disposed Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 a			nd Securities Beneficially Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									(Code	v	Amount (A) or (D)		Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common	Stock			02/1	4/2024	/2024				M		344 A \$		\$0.0	0 3	344		D				
		Т										sed of onverti				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,		Transaction Code (Instr.		n of E			6. Date Exercisat Expiration Date Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exer	e rcisable		opiration	Title	or Nu of	ımber							
Restricted Stock Units	(1)	02/14/2024			М			344	02/1	14/2024		(2)	Commo Stock	1 3	344	\$0.00	0		D			
Non- Qualified Stock Options (right to	\$1,293.84	02/14/2024			A		636			(3)	02	2/13/2031	Commo Stock	1 (636	\$0.00	636		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. No expiration date.
- 3. The grant will vest on the date of the Corporation's 2025 Annual Shareholder Meeting ("ASM").

Remarks:

/s/ Carrie H. Darling, Attorney-02/16/2024 in-fact

** 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.