## FORM 5

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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Washington,	D.C.	20549
vvasimigton,	D.C.	20070

Washington, D.G. 20045									

OMB A	OMB APPROVAL										
OMB Number: 3235-036											
Estimated average burden hours per response: 1.0											

Check	this box if no lo		**	asining	torr,	D.C. 200	43						ОМЕ	3 APPRC	VAL			
to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).				STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP								IAL	Estimated average burden					
Form 3	Holdings Rep				-							h	ours per r	esponse:	1.0			
Form 4	Transactions	Reported.	File	d pursuant to So or Section 3								1934						
1. Name and Address of Reporting Person*  COLONY GEORGE F				2. Issuer Name and Ticker or Trading Symbol FORRESTER RESEARCH, INC. [ FORR ]							[ Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director X 10% Owner						
(Last) (First) (Middle) 60 ACORN PARK DRIVE					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2021							ar)	X Officer (give title Other (specify below)  Chairman & CEO				specify	
(Street)	IDGE M	A	02140	Line)							e)	al or Joint/Group Filing (Check Appli orm filed by One Reporting Person						
(City)	(Sta	ate)	(Zip)	-									Form Perso		More tha	an One Rep	orting	
		Table	e I - Non-Deriv	ative Secur	ities	Acq	uir	ed, Dis	posed	of, o	r Be	neficia	ally Own	ed				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Yea	Tr Co	3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)				isposed	5. Amount of Securities Beneficially Owned at end of		Ownership In Form: Direct E		7. Nature of Indirect Beneficial Ownership	
				(Month/Day/Tea				Amount		(A) or (D) Price		e	Issuer's F Year (Inst 4)	iscal Indire		ct (I)   (In:	str. 4)	
Common	Stock												6,418,081(1)		I	)		
Common Stock			03/01/2021			G		150,0	000	D	\$	\$0.00	0			Fa	olony mily vestments	
Common Stock													1,580			I By	ouse <sup>(2)</sup>	
Common Stock 09/14/2021				G		41,7	49	D	\$0.00		1,152,788			I By	Trust <sup>(3)</sup>			
		Ta	ıble II - Deriva (e.g., p	tive Securit uts, calls, w										d	,	·		
Derivative Conversion Date Execu Security or Exercise (Month/Day/Year) if any			3A. Deemed Execution Date,	4. Transaction Code (Instr.		vative rities iired r osed )	6. D Exp	ate Exerc iration Da nth/Day/Y	sable an	d 7. Ai Se Ui De Se	Title a mount ecuritie nderlyi erivativ ecurity and 4)	of es ing ve	8. Price of Derivative Security (Instr. 5)	9. Num derivat Securit Benefic Owned Followi Report Transa (Instr. 4	ive ties cially ing ed ction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
										OI	mount r lumber							

## **Explanation of Responses:**

- 1. Reflects exempt transfers between the reporting person and George F. Colony Grantor Retained Annuity Trusts 30 to 38.
- 2. The reporting person disclaims beneficial ownership of all securities owned by his spouse, and this report should not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 or any other purpose.

(A) (D) Exercisable Date

3. Reflects exempt transfers between the reporting person and George F. Colony Grantor Retained Annuity Trusts 30 to 38. The reported shares are held by six separate George F. Colony Grantor Retained Annuity Trusts: 160,349 in Trust 33; 165,600 in Trust 34; 165,009 in Trust 36; 161,830 in Trust 36; 250,000 in Trust 37; and 250,000 in Trust 38.

## Remarks:

Ryan Darrah, attorney-in-fact for George F. Colony

01/31/2022

\*\* Signature of Reporting Person

Title Shares

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.