FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	

STATEMENT	OF C	HANGES	IN BENEF	FICIAL	OWNERSH	<b>HIP</b>

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per respons	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

1. Name and Address of Reporting Person*  BRADFORD NEIL					2. Issuer Name and Ticker or Trading Symbol FORRESTER RESEARCH, INC. [ FORR ]  3. Date of Earliest Transaction (Month/Day/Year)								ck all app Direc	,	ng Pers	on(s) to Is  10% Ov	vner				
(Last)	(Fi	st) (M	Middle)		06/01/2024									below	")		below)	·			
		RESEARCH, IN	C.		4. If A	Amend	ment,	Date o	f Origina	al File	d (Month/Da	y/Year)	)	6. Individual or Joint/Group Filing (Check Applicable							
60 ACO	RN PARK I	OR.											Line)	Line)  X Form filed by One Reporting Person							
(Street)	IDGE M.	A 0	2140	,		Form filed by More than One Reporting Person															
					Rul	Rule 10b5-1(c) Transaction Indication															
(City)	(St	ate) (Z	Zip)		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is interest satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										that is inter	nded to					
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficiall	y Own	ed					
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day			Execution Date,		Date,	3. Transaction Code (Instr. 8) 4. Securitie Disposed O 5)		es Acquired (A) Of (D) (Instr. 3, 4		A) or , 4 and	5. Amo Securit Benefic Owned Report	ies cially Following	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)						
									Code	v	Amount	(A) (D)	or P	rice		ction(s)			(111501. 4)		
Common	Stock			06/01/2	2024				F		102(1)	D	\$	17.99	24	1,320		D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
1. Title of Derivative Security (Instr. 3)  2. Conversion of Exercise Price of Derivative Security  (Instr. 3)  3. Transaction Date Execution Date, if any (Month/Day/Year)			saction de (Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable an Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		De Se (In	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y C F D o (I	0. Dwnership Form: Direct (D) Fr Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)						
					Code	Code V (A) (D)		Date Exercis	able	Expiration Date	Title	Amor or Numl of Share	ber								

## Explanation of Responses:

1. Represents shares withheld by the Issuer to satisfy tax withholding obligations upon the vesting on June 1, 2024 of the restricted stock units awarded to the reporting person on June 1, 2023. The award includes a provision for the withholding ofshares by the Issuer to satisfy withholding taxes due as a result of the vesting of the award.

<u>Maite Garcia, attorney-in-fact</u> <u>for Neal Bradford</u>

06/03/2024

\*\* 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.