FORM 4

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

ashington,	D.C	20549	
asililigion,	D.C.	20049	

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

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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 ]							(Ct	Relationship leck all app Direc	,	ng Per	rson(s) to Is			
(Last)	(Fir	est) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/03/2024							Office below	er (give title v)		Other (s below)	specify			
C/O FORRESTER RESEARCH, INC.					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. 1	6. Individual or Joint/Group Filing (Check Applicable						
60 ACORN PARK DR.											Line)								
													Form filed by One Reporting Person  Form filed by More than One Reporting						
(Street)															Perso		ie iliai	ii Olie Rept	orung
CAMBR	IDGE MA	A 0.	2140		Du	- 10	\b_E	1/2)	Tran		امما مما	4:							
					Kui	Rule 10b5-1(c) Transaction Indication													
(City)	City) (State) (Zip) Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended										nded to								
						satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - Nor	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or l	Ben	eficia	lly Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				ay/Year)   Exec		A. Deemed kecution Date, any lonth/Day/Year)		3. 4. Securitie Transaction Disposed C Code (Instr. 8)						Benefic Owned	ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A (D	a) or	Price		ted action(s) 3 and 4)			(Instr. 4)	
Common	amon Stock 06/03		06/03/2	2024		А		6,737(1)	6,737 <sup>(1)</sup> A		\$0	3	31,057		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 or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed on Date, Day/Year)	4. Transa Code ( 8)				6. Date Exercisable an Expiration Date (Month/Day/Year)		te	and 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		; j	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	re es ally g d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code			Date Expiration		Title	or Nur of	ount nber							

## **Explanation of Responses:**

1. The securities awarded on June 3, 2024 are in the form of Restricted Stock Units issued pursuant to the Forrester Research, Inc. Amended and Restated Equity Incentive Plan that entitle the reporting person, upon vesting, to receive one share of common stock per Restricted Stock Unit. The Restricted Stock Units will vest and convert into common stock in four equal and consecutive installments. The first tranche will vest on September 1, 2024, with an equal number of shares vesting on each of December 1, 2024 and March 1, 2025, and the balance of the shares vesting on June 1, 2025.

> Maite Garcia, attorney-in-fact for Neal Bradford

06/04/2024

\*\* 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.