FORM 3

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

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPR	OMB APPROVAL							
OMB Number:	OMB Number: 3235-0104							
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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 Add		R M	. Date of Event Requiring Staten Month/Day/Year 1/14/2007	nent	3. Issuer Name <b>and</b> Ticker or Trading Symbol MSCI Inc. [ MXB ]							
(Last) (First) (Middle) 88 PINE STREET						ationship of Reporting Perso c all applicable) Director Officer (give title	on(s) to Issue 10% Owne Other (spe	r .	If Amendment, Date of Original Filed (Month/Day/Year)      Individual or Joint/Group Filing (Check			
(Street) NEW YORK (City)						below)	below)	S.I.y	Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person			
		Ţ	able I - Non	-Derivat	ive S	ecurities Beneficiall	y Owned					
1. Title of Security (Instr. 4)						ınt of Securities ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Class A Common Stock							(					
Class A Comm	on Stock					0	D					
Class A Comm	on Stock	(e.ç				0 urities Beneficially ( options, convertible	D Owned	s)				
Class A Comm				ls, warra cisable and ate	nts, c	urities Beneficially (	D Owned securities	4. Conver or Exer Price of	sion cise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

/s/ Jerker J. Johansson

11/14/2007

\*\* Signature of Reporting Person

Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).