FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | OVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| 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* Siguler George W | | | | | | | 2. Issuer Name and Ticker or Trading Symbol MSCI Inc. [MSCI] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| Siguier | | | | | | | | | | | X | Direc | ctor | 10% | Owner | | | | | |
| (Last) (First) (Middle) MSCI INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/02/2012 | | | | | | | | | | Office below | er (give title w) | Othe belov | r (specify v) | |
| ONE CHASE MANHATTAN PLAZA, 44TH FL | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) NEW YORK NY 10005 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | /) (State) (Zip) | | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Noi | n-Deriv | /ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Ben | efici | ally | Owne | ed | | | |
| Date | | | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispose Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, | | | 4 and Se | | ount of ties cially d Following ted | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Code | v | Amount | | (A) or (D) | Price | e | Transaction(s) (Instr. 3 and 4) | | | (111511.4) | | | | |
| Common Stock 05/02/ | | | | | | 05/02/2012 | | | | | 2,556 | (1) | A \$0 | | 0 16,953 | | D | | | |
| | | Ta | able II - I) | | | | | | | | sed of, onvertib | | | | | vned | | | | |
| 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, | Date, Transactio Code (Inst | | on of | | 6. Date E Expiratio (Month/D | е | d 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | | rative de rity Se (. 5) Be (. 5) Re (. 7) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nur of | ount nber res | | | | | | |

Explanation of Responses:

1. Restricted Stock Units vesting May 2, 2013.

Remarks:

/s/ Cecilia Aza, Attorney-in-

Fact

** Signature of Reporting Person

Date

05/04/2012

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.