FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| 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 | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | |
| 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* Handy Alice | | | | | | 2. Issuer Name and Ticker or Trading Symbol MSCI Inc. [MSCI] | | | | | | | | | Check all ap | tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner | | | |
|---|---|--------------------------------------|--|---------|-------------------------------------|---|--|------|------------------------------------|--------|---|-------------|-------|---------------------|---|---|---|---------------------------------------|--|
| (Last) (First) (Middle) MSCI INC. 7 WORLD TRADE CENTER, 250 GREENWICH | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/01/2017 | | | | | | | | | | er (give title | | r (specify | |
| ST. | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) NEW YORK NY 10007 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (| State) | (Zip) | | | | | | | | | | | | | | | | |
| | | Ta | ble I - No | n-Deri\ | vative | Se | curitie | s Ac | quired, | Dis | posed o | f, or | Ben | eficia | ally Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution Date, pay/Year) if any | | xecution Date, | | | | ities Acquired (A) d Of (D) (Instr. 3, | | | nd Secui Bene | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | | A) or O) | Price | Trans | action(s) 3 and 4) | | (Instr. 4) | | |
| Common Stock 05/01/ | | | | | 1/2017 | /2017 | | | A | | 1,395(| 1) | A | \$ 0 . | 00 | 31,093 | D | | |
| Common Stock 05/01/ | | | | | 1/2017 | | | | A 844 ⁽⁾ | | 844(2) |) | Α | \$ <mark>0</mark> . | 00 | 31,937 | D | | |
| | | | Table II - | | | | | | | | sed of, onvertib | | | | y Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversio or Exercis Price of Derivative Security | rcise (Month/Day/Year) of tive | 3A. Deemed Execution D if any (Month/Day/ | n Date, | Date, Transac | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date E Expiratio (Month/D | n Date | е | or | | str. 3 ount | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- 1. Restricted stock units vesting on May 1, 2018. Pursuant to the MSCI Inc. Non-Employee Directors Deferral Plan (the "Deferral Plan"), the Reporting Person has elected to defer receipt of the shares until the 60th day after such Reporting Person's "separation from service" as a director.
- 2. Pursuant to the Deferral Plan, the Reporting Person has elected to defer receipt of the shares until the 60th day after such Reporting Person's "separation from service" as a director.

Remarks:

/s/ Cecilia Aza, attorney-in-fact 05/02/2017

** Signature of Reporting Person

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.