Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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|-------------|------|-------|

| Check this box if no longer subject | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|-------------------------------------|--|
| to Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
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| OMB APP | ROVAL | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | |
| 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

| Name and Address of Reporting Person* Volent Paula | | | | 2. Issuer Name and Ticker or Trading Symbol MSCI Inc. [MSCI] | | | | | | | | k all app | tionship of Reporti all applicable) Director | | rson(s) to Is | | | | |
|---|---|--|----------------|--|---|---|--------|--|--|---|--------------|-------------|--|--|--------------------------------------|--|--|--|----------|
| (Last) | (Fi | rst) (N | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/01/2023 | | | | | | | | Office below | er (give title v) | | Other (below) | specify | | |
| MSCI INC. 7 WORLD TRADE CENTER, 250 GREENWICH ST. | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | 6. Ind Line) | , , , | | | | on | | | | |
| (Street) NEW YORK NY 10007 | | | | Rul | Form filed by More than One Reporting Person 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 to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | nded to | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benefi | ciall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | Execution Date | | Date, | Transaction Dispos | | Disposed (| rities Acquired (A) d Of (D) (Instr. 3, | | 4 and Securi | | cially Following | Form (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pr | ice | Transa | action(s) 3 and 4) | | | (1130.4) |
| Common | Stock | | | 05/01/ | 2023 | | A | | 383(1) | A | \$ | 0.00 | 2,378 | | | D | | | |
| Common Stock 05/01/. | | | | 2023 | | A | | 207 | A | \$ | \$0.00 2 | | 2,585 | | D | | | | |
| | | Tal | | | | | | | | | osed of, o | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | med 4. Trans: Code 8) | | (Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | Amount of Securities Underlying Derivative Security (Ins 3 and 4) Amount of Security (Ins 3 and 4) | | ount ber | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. Restricted stock units vesting on May 1, 2024.

Remarks:

/s/ Cecilia Aza, attorney-in-

05/03/2023

fact

** 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.