### Edgar Filing: WELLES MICHAEL - Form 4/A

WELLES M	ICHAEL										
Form 4/A											
June 22, 201	1										
FORM	14	GEGUE			~~	NGEO		OMB APPROVAL			
. •	UNITEI	D STATES					NGE C	COMMISSION	OMB Number:	3235-0287	
Check this box				Washington, D.C. 20549						January 31	
if no long		EMENT O	F CHAN	CHANGES IN BENEFICIAL OWNERSHIP OF						2005	
subject to Section 1	)			SECURITIES					Estimated average burden hours per		
Form 4 or									response	0.5	
Form 5	Filed p	ursuant to S	Section 1	6(a) of the	e Securit	ies E	xchang	e Act of 1934,			
obligation may cont				•	•	· ·		1935 or Section	ı		
See Instru		30(h)	of the In	vestment	Compan	iy Ac	t of 194	0			
1(b).											
(Print or Type I	Responses)										
(I find of Type I	(csponses)										
1. Name and Address of Reporting Person <u></u> 2. Issue				r Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to			
WELLES MICHAEL Sy			Symbol				0	Issuer			
			FORRE	STER RE	ESEARC	CH IN	IC	(Check all applicable)			
			[FORR]	l				(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	f Earliest Tr	ansaction			_X_ Director10% Owner			
			(Month/E	Day/Year)				Officer (give title Other (specify below) below)			
	ESTER RESEA		06/15/2	011				below)	UCIOW)		
TECHNOL	OGY SQUARE	£									
(Street) CAMBRIDGE, MA 02139			4. If Amendment, Date Original					<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
			Filed(Month/Day/Year)								
			06/17/2011								
CAMBRID	OE, WA 02139	, 						Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction D	med 3. 4. Securities Acquired					5. Amount of	6. Ownership			
Security	(Month/Day/Yea		n Date, if	Transaction(A) or Disposed of (D)					Form: Direct Indirec (D) or Benefi		
(Instr. 3) any (Month/D			Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)					Beneficially Owned	Beneficial Ownership		
		(11101111,1	<i>suj</i> , <i>i</i> eui)	(1115411-0)				Following	Indirect (I) (Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
<b>C</b>				Code V	Amount	(D)	Price	(mour o uno r)			
Common Stock	06/15/2011			S	2,500	D	\$ 34.64	9,416	D		
				34.		34.64					
Common	06/15/2011			S	200	D	\$	9,216	D		
Stock							34.53	, -			

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

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 control number.

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 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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu: Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
WELLES MICHAEL C/O FORRESTER RESEARCH 400 TECHNOLOGY SQUARE CAMBRIDGE, MA 02139	Х							
Signatures								
Maite Garcia, attorney-in-fact for Welles	06/22/2011							
**Signature of Reporting Person		Date						
Explanation of Pac	none	001						

## **Explanation of Responses:**

\* 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).

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#### **Remarks:**

The Form 4 has been amended to correctly state the Transaction Date as 6/15/2011 as opposed to 5/15/2011.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.