

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 * | | | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|-----|--------------------|---------|--------|--|---|---------------------------------------|---|---------------|---|--------------------|---|---|---|--|---|----------------------------------|--|
| Dunn Daniel Joseph | | | | | Mo | Morningstar, Inc. [MORN] | | | | | | | | nicable) | 100/ | | | |
| (Last) (First) (Middle) | | | | 3. Г | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | _X_ Officer (gir | Director 10% Owner X Officer (give title below) Other (specify below) | | | | | |
| C/O MORNINGSTAR, INC., 22 W WASHINGTON ST | | | | | | 3/1/2023 | | | | | | | Chief Revenu | e Officer | | | | |
| (Street) | | | | | 4. I | 4. If Amendment, Date Original Filed (MM/DD/YYYY) | | | | | | | 6. Individual o | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| CHICAGO, IL 60602 (City) (State) (Zip) | | | | | | | | | | | | | | X _ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | | Table l | - Non- | -Deri | ivati | ve Secu | rities Acq | uire | ed, Dis | sposed o | f, or | Be | neficially Owne | d | | | |
| 1.Title of Security (Instr. 3) 2. Trans. I | | | | | | 3. Trans. Co. (Instr. 8) | de | 4. Securities Acqu or Disposed of (D) (Instr. 3, 4 and 5) | |) ` | | 5. Amount of Securit Following Reported (Instr. 3 and 4) | ties Beneficially Owned Transaction(s) | | Ownership of Form: | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code | V | Amou | (A) o | | ice | | | | or Indirect (I) (Instr. 4) | (Instr. 4) | |
| Common Stock (Restricted Stock Units) (1). 3/1/202 | | | | 23 | | | A | | 249 | A | \$ | 60 | | 12654 | | | | |
| | Tab | le II - Der | ivative | Securi | ties I | Bene | ficially | Owned (e | e.g. , | puts, | calls, wa | ırran | ıts, | options, conver | tible secu | rities) | | |
| | | rans. (str. 8) | | | | | and Expiration Date Securit Deriva | | | itle and Amount of prities Underlying vative Security (r. 3 and 4) | | Security (Instr. 5) | derivative Securities Beneficially Owned Following | Derivative Security: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | C | ode | V | (A) | (D) | Date Exer | cisable | Expiration Date | Title | | mount or Number of nares | | Reported Transaction(s) (Instr. 4) | or Indirect (I) (Instr. 4) | |

Explanation of Responses:

(1) Each restricted stock unit represents a contingent right to receive one share of Morningstar, Inc. common stock. The restricted stock units vest in full on August 31, 2024.

Reporting Owners

| Treporting 6 Where | | | | | | | | | |
|--------------------------------|---------------|----------------------------|-------------------------|-------|--|--|--|--|--|
| Paparting Owner Name / Address | Relationships | | | | | | | | |
| Reporting Owner Name / Address | Director | Director 10% Owner Officer | | Other | | | | | |
| Dunn Daniel Joseph | | | | | | | | | |
| C/O MORNINGSTAR, INC. | | | Chief Revenue Officer | | | | | | |
| 22 W WASHINGTON ST | | | Ciliei Kevellue Officer | | | | | | |
| CHICAGO, IL 60602 | | | | | | | | | |

Signatures

| /s/ Leah Trzcinski, by power of attorney | 3/3/2023 |
|--|----------|
| **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 control number.