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

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

Goff Gregory R
C/O MORNINGSTAR, INC., 22 WEST WASHINGTON STREET
CHICAGO, IL 60602

2. Issuer Name and Ticker or Trading Symbol

Morningstar, Inc. [ MORN ]

3. Date of Earliest Transaction (MM/DD/YYYY)

7/31/2015

4. If Amendment, Date Original Filed


5. Relationship of Reporting Person(s) to Issuer

_____ Director
____ 10% Owner
__ X Officer (give title below)
_____ Other (specify below)
Chief Technology Officer

6. Individual or Joint/Group Filing

X Form filed by One Reporting Person
___ Form filed by More than One Reporting Person

7. Title and Amount of Securities Beneficially Owned Following Reported Transaction(s)

Common Stock (Restricted Stock Units) 4 (1) $0 18360 D

8. Price of Derivative Security


9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)


10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)


11. Nature of Indirect Beneficial Ownership (Instr. 4)


Explanation of Responses:

(1) Includes 4,5394 restricted stock units acquired on July 31, 2015 pursuant to a dividend reinvestment feature of the Morningstar, Inc. 2011 Stock Incentive Plan.

Reporting Owners

Reporting Owner Name / Address

Goff Gregory R
C/O MORNINGSTAR, INC.
22 WEST WASHINGTON STREET
CHICAGO, IL 60602

Relationships

Director
0% Owner
Officer
Other

Chief Technology Officer

Signatures

/s/ Heidi Miller, by power of attorney 8/3/2015

** 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).


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.