

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

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2011

Estimated average burden

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP hours per response... 0.5 **OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940

1. Name and Add	lress of Re	porting l	Person *	2	. Iss	suer Nan	ne ar	nd T	icker	or Tı	radi	ng Symb	ol 5. Relatio	nship of l	Reporting	Person(s)	to Issuer
		F8 -											(Check al	l applicat	ole)		
FRANCIS CI	HERYL	A		N	I o	rnings	tar,	Inc	e. [M	IOR	N]]					
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)							DD/YYYY	_ X _ Dire	X Director 10% 0			
													Office below)	er (give title	below) _	Other	(specify
C/O MORNII	NGSTA	R, INC	., 22					12/	/5/20 :	11			below)				
WEST WASI	HINGTO	N STI	REET														
	(Street)					Amendr		Da	te Ori	ginal	File	ed			nt/Group l	Filing (Che	eck
CHICAGO	T (0(03			(N	/IM/I	DD/YYYY	()						Applicable I	ine)			
CHICAGO, I													_ X _ Form 1	iled by One	Reporting Pe	rson	
(City)	(State)	(Zip))										Form fil	ed by More	than One Rep	orting Perso	n
		Table l	[- Non-	Derix	zati	ve Secu	ritios	Ac	anire	4 D	icno	sed of a	or Beneficiall	v Owned	1		
1.Title of Security		Table	- 11011-	2. Trai	_	2A.	3. Tra						5. Amount of Sec	•		6.	7. Nature
(Instr. 3)				Date		Deemed Execution	Code	e or Dis		sposed of (D . 3, 4 and 5)))		ned Following Reported Transaction			of Indirect Beneficial
						Date, if	(IIISII	. o)	(IIISII.	<u> </u>	Ť		(Instr. 3 and 4)			Form: Direct (D)	Ownership
						any				(A) or						or Indirect (I) (Instr.	(Instr. 4)
							Cod	e V	Amou	nt (D)		Price				4)	
Common Stock				12/5/2	2011		M		500	A	\$19	0.6812 ⁽²⁾		12826		D	
Common Stock				12/5/2	2011		S (1)	500	D	4	\$60.01		12326		D	
																•	•
	1												ants, options			· · · · · · · · · · · · · · · · · · ·	,
		3A. Deemed	4. Trans		5. Number of Derivative		of 6. Date Expira					d Amount of Underlying				11. Nature of Indirect	
(Instr. 3)	or Exercise Price of	I I	Execution Date, if			Securities Acquired (A) or		•				Derivative Security (Instr. 3 and 4)		Security	Security derivative (Instr. 5) Securities	Form of Beneficial Ownership	
	Derivative		any	8)		Disposed of						(Instr. 5 a	nu +)	(msu. 3)	Beneficially	Security:	(Instr. 4)
	Security					(Instr. 3, 4	and								Owned Following	Direct (D) or Indirect	
						5)							1	_	Reported Transaction	(I) (Instr. 4)	
				Code	v	(A) (E))	Date Exer		Expir Date	ation	Title	Amount or Number of Shares		(s) (Instr. 4)	1	
Employee Stock Option (Right to Buy)	\$19.6812 (2)	12/5/2011		М		500)		(3)	12/1/2	2014	Common Stock	500	\$ 0	4013	D	

Explanation of Responses:

- (1) The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 23, 2011.
- (2) The exercise price increases over the term of the option at a rate equal to the 10-year Treasury bond yield as of the date of grant (\$14.70). On December 5, 2011, the exercise price was \$19.6812.
- (3) The options became exercisable in 3 equal installments on January 27, 2005, 2006, and 2007.

Reporting Owners

Paparting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
ED ANCIS CHEDVI A							
FRANCIS CHERYL A							

C/O MORNINGSTAR, INC. 22 WEST WASHINGTON STREET CHICAGO, IL 60602	X		
Signatures			

/s/ Heidi Miller, by power of attorney 12/6/2011

** 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 control number.