| RiskMetrics Form 3 | Group Ind | c | | | | | | | |
|---|------------------------|---------------|---|--|--|---|---|---|--|
| January 24, 1 | 2008 | | | | | | | | |
| FORM | 13 ^{UN} | ITED STA | ATES SECURITIES AN Washington | | | MISSION | - | PPROVAL | |
| | Washington, D.C. 20549 | | | | | OMB Number: | 3235-0104 | | |
| | | INITIAL | | NEFICIAL OWNERSHIP OF | | | Expires: | January 31 2005 | |
| | | ion 17(a) of | | Securities | ecurities Exchange Act of 1934, g Company Act of 1935 or Sectio | | | Estimated average burden hours per response 0.5 | |
| (Print or Type | Responses) | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> GAPCO MANAGEMENT GMBH | | | 2. Date of Event Requiring Statement3. Issuer Name and Ticker or Trading Symbol RiskMetrics Group Inc [RMG](Month/Day/Year)01/24/2008 | | | ıbol | | | |
| (Last) | (First) | (Middle) | | 4. Relations Person(s) to | ship of Reporting | | Amendment, D | - | |
| KOENIGSA DUSSELD | | , 40212 | | | ck all applicable) | Filed(| Month/Day/Yea | ı r) | |
| 2MÂ | (Street) | | | | | r Filing w) _X_Fo Person Fo | ividual or Joir (Check Applica orm filed by On orm filed by Mo ing Person | ble Line) e Reporting | |
| (City) | (State) | (Zip) | Table I - I | Table I - Non-Derivative Securities Beneficially Owned | | | | | |
| 1.Title of Secu (Instr. 4) | ırity | | 2. Amount of Beneficially (Instr. 4) | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Ownership (Instr. 5) | Indirect Benef | ïcial | |
| Common St | tock | | 13,832 | | I <u>(1)</u> | See footno | ote | | |
| Reminder: Rep owned directly | or indirectly | у. | each class of securities benefic | | SEC 1473 (7-02) |) | | | |
| | requ | ired to resp | tained in this form are no ond unless the form disp DMB control number. | | | | | | |
| | Table II - D | erivative Sec | urities Beneficially Owned (a | e.g., puts, cal | ls, warrants, opt | ions, convert | ible securities | 5) | |

| 1. Title of Derivative Security | 2. Date Exercisable and | 3. Title and Amount of | 4. | 5. | 6. Nature of Indirect |
|---------------------------------|-------------------------|------------------------|-------------|------------|-----------------------|
| (Instr. 4) | Expiration Date | Securities Underlying | Conversion | Ownership | Beneficial Ownership |
| | (Month/Day/Year) | Derivative Security | or Exercise | Form of | (Instr. 5) |
| | | (Instr. 4) | Price of | Derivative | |
| | | | Derivative | Security: | |

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| Date Eversionable | Expiration | Title | Amount or | Security | Direct (D) |
|----------------------|------------|-------|-----------|----------|-------------|
| Exercisable | Date | | Number of | | or Indirect |
| | | | Shares | | (1) |
| | | | | | (Instr. 5) |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|---------|-------------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| GAPCO MANAGEMENT GMBH KOENIGSALLEE 62 40212 DUSSELDORF 2MÂ | Â | ÂX | Â | See Remarks | | |
| Signatures | | | | | | |
| /s/ Matthew Nimetz, Managing Director | 01/24/2008 | | | | | |
| **Signature of Reporting Person | Date | | | | | |

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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).

(1) By GAPCO GmbH & Co. KG, of which GAPCO Management GmbH is the general partner.

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Remarks:

The reporting person may be deemed to be a member of a Â "group" for purposes of the Securit reporting person disclaims beneficial ownership of any securities deemed to be owned by the group owned by the reporting person. Â This report shall not be deemed an admission that the reporting group or the beneficial owner of any securities not directly owned by the reporting person.

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.