Edgar Filing: FISERV INC - Form 4

FISERV INC	С											
Form 4												
March 30, 20	016											
FORM	14					~~~ .			OMB AF	PROVAL		
	UNITEL) STATES		RITIES A shington,			NGE C	COMMISSION	OMB Number:	3235-0287		
Check th									Expires:	January 31,		
subject to	t to STATEMENT OF CHANGES				S IN BENEFICIAL OWNERSHIP OF				Estimated average			
Section 1	16.	SECURITIES							burden hours per			
Form 4 o Form 5									response 0.8			
obligatio	-						•	e Act of 1934,				
may cont	tinue. Section 17			vestment	•	- ·		1935 or Section	1			
See Instruction 1(b).	uction	50(II)	of the fil	vestment	Compan	y At	ι 01 194	Ю				
1(0).												
(Print or Type I	Responses)											
	Address of Reportin	g Person [*]	2. Issuer	Name and	and and menter of maning			•	Relationship of Reporting Person(s) to			
-			Symbol					Issuer				
			FISERV INC [FISV]					(Checl	k all applicable)		
(Last) (First) (Middle) 3. Date			3. Date of	Date of Earliest Transaction				(choon an approacte)				
			(Month/D	(Month/Day/Year)				Director	10% Owner			
			03/28/2016					X Officer (give below)	title Othe below)	er (specify		
								· · · · · · · · · · · · · · · · · · ·	oup President			
	(Street)		4. If Ame	ndment, Da	te Original	l		6. Individual or Jo	int/Group Filin	g(Check		
			Filed(Mor	ed(Month/Day/Year)				Applicable Line)				
								X Form filed by C Form filed by M				
BROOKFIE	ELD, WI 53045							Person		porting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Da	ate 2A. Deer	med	3.	4. Securit	ties Ad	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year	 Executio any 	n Date, if	Transactio		•		Securities	Form: Direct			
(Instr. 3)		Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)				5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership			
		(ivionui)i	Day/ I cal)	(Insu. 0)				Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D)	Price	(instr. 5 and 4)				
Common Stock	03/28/2016			F	591 <u>(1)</u>	D	\$ 99.51	41,368	D			

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Gregoire Kevin P. 255 FISERV DRIVE BROOKFIELD, WI 53045			Group Presiden	t				
Signatures								
/s/ Lynn S. McCreary (attorney-in-fact)	03/30/2016							
**Signature of Reporting Person		Date						
Explanation of Posponsos:								

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).

(1) Reflects payment of tax liability by withholding securities incident to vesting of restricted stock units.

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.