FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Simons Doyle						2. Issuer Name and Ticker or Trading Symbol FISERV INC [FISV]									tionship of all applications Director	•		son(s) to Is				
(Last)	(First)	(Mic	ddle)		3. Date of Earliest Transaction (Month/Day/Year) 06/30/2018										Officer (give title below)			Other (s below)	pecify			
220 OCCIDENTAL AVENUE SOUTH						If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
(Street) SEATTLE	E WA 98104															 Line) X Form filed by One Reporting Person Form filed by More than One Reporting 						
(City)	(State	e) (Zip)												Person							
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)					Year) if	eemed tion Day/	,			4. Securit Disposed and 5)			3, 4 Securiti Benefici Owned		s ally	6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) o	r Price		Following Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		Instr. 4)			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year) if	Execu if any	eemed tion Date, h/Day/Year)	4. Transac Code (Ir 8)				6. Date E Expiratio (Month/E	n Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		o D S	. Price f ferivative ecurity nstr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership			
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amoun or Numbe of Shares									
Deferred Compensation Notional Units	(1)	06/30/2018			A		348		(1)		(1)	Common Stock	348	,	\$74.09 ⁽¹⁾	37,92	2	D				

Explanation of Responses:

1. These deferred compensation notional units were allocated under the Fiserv, Inc. Non-Employee Director Deferred Compensation Plan (the "Plan"), under which director fees otherwise payable in cash may be deferred in exchange for the allocation of notional units under the Plan. This Form 4 reports the crediting of units under the Plan on June 30, 2018 in respect of \$25,750 of deferred compensation. The number of notional units credited is calculated by dividing the amount of compensation that is deferred by the closing price of the company's common stock on the date of deferral, or last business day prior. On June 29, 2018, the closing price of Fiserv's common stock was \$74.09 per share. Upon termination of the reporting person's service to the company, each notional unit will be settled in shares of Fiserv common stock on a one-for-one basis.

Remarks:

/s/ Lynn S. McCreary (attorney-in-fact)

07/02/2018

** 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 Number.