FORM 4

### **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287
Estimated average burd	en
hours per 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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the

#### 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

purchase or sale of issuer that is intend affirmative defense 10b5-1(c). See Inst	conditions of Rule					
1. Name and Address Simons Doyle	of Reporting Person *		2. Issuer Name <b>and</b> Ticker or Trading Symbol FISERV INC [FI]		ionship of Reporting Person(s all applicable)	) to Issuer
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/31/2024	X	Director Officer (give title below)	10% Owner Other (specify below)
(Street)	HILLIPS AVENUE		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi	dual or Joint/Group Filing (Che Form filed by One Reporting Form filed by More than On	g Person
MILWAUKEE  (City)	WI (State)	53203 (Zip)			, , , , , , , , , , , , , , , , , , , ,	

# Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (In 8)	ction Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Deferred Compensation Notional Units	(1)	03/31/2024		A		219		(1)	(1)	Common Stock	219	\$159.82 <sup>(1)</sup>	43,519	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 March 31, 2024, in respect of \$53,000 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 March 28, 2024, the closing price of Fiserv's common stock was \$159.82 per share. Following cessation 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/ Eric C. Nelson (attorney-in-

fact)

\*\* Signature of Reporting Person

Date

04/02/2024

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.