FORM 4

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

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
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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).

## 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*     DILLON DONALD F						2. Issuer Name <b>and</b> Ticker or Trading Symbol FISERV INC [ FISV ]								S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner				
(Last)	(First)	(Mi	iddle)			3. Date of Earliest Transaction (Month/Day/Year) 03/01/2010								Officer (give title below)		Oth	Other (specify below)	
255 FISERV DRIVE						4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person				
(Street) BROOKFIELD	) WI	53	045											Form filed by More than One Reporting				
(City)	(State)	(Zi <sub>l</sub>	p)															
		Та	ble I - N	on-De	rivativ	e Se	curitie	s Ac	quire	ed, Dis	posed of	, or Bene	ficially Ow	ned				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		ate,	3. Transaction Code (Instr. 8)		4. Securities Of (D) (Instr.		) or Disposed	Securities Beneficial Following		6. Ownership Form: Direct or Indirect (I) (Instr. 4)	(D) Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Transactio			(Instr. 4)	
Common Stock				03/01/2010					S		75,000	D	\$48.6727(1)	2,584,753		D		
Common Stock				03/02/2010					S		25,000	D	\$49.1553(2)	2,559,753		D		
Common Stock				03/01/2010					S		5,000	D	\$48.49	133,750		I	By Trust <sup>(3)</sup>	
			Table II								osed of, o		ially Owne	ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Exercise (Month/Day/Year) ce of rivative	Execution if any	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed o (D) (Instr. 3, 4 and 5)		Date Exer piration I onth/Day		7. Title and Securities Derivative (Instr. 3 and	Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership ect (Instr. 4)	
					Code	v	(A)	(D)	Dat Exe	te ercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)			

## **Explanation of Responses:**

- 1. This transaction was executed in multiple trades at prices ranging from \$48.29 to \$48.97. The price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.
- 2. This transaction was executed in multiple trades at prices ranging from \$49.09 to \$49.25. The price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.
- 3. By the Dillon Foundation of which Mr. Dillon serves as a trustee.

/s/ Charles W. Sprague (attorneyin-fact) 03/02/2010

\*\* Signature of Reporting Person Da

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.