FORM 4

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

Washington, D.C. 20549

OMB APPROVAL								
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Estimated average burden								
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

1. Name and Address of Reporting Person*  ROBAK KIM M					FIS	2. Issuer Name and Ticker or Trading Symbol FISERV INC [FISV]										onship of Reporting Person all applicable) Director			/ner
(Last)	(First)	,	ddle)			3. Date of Earliest Transaction (Month/Day/Year) 03/31/2011									Officer (give title below)			Other (s below)	pecify
MUELLER ROBAK, LLC 530 SOUTH 13TH STREET, SUITE 110					4. If Amendment, Date of Original Filed (Month/Day/Year)									- 1	6. Individual or Joint/Group Filing (Check Applicable Line X Form filed by One Reporting Person				
(Street) LINCOLN	NE	68.	508												Form filed	d by More	than C	ne Reportin	g Person
(City)	(State)	(Zip	))																
		Та	ble I - Non	ı-Deri	ivative	e Se	curitie	s Acq	uired, Di	spo	osed of	, or E	Benefic	ially Ow	ned				
Date				nsaction n/Day/Ye	ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr.		ties Acquired (A) or d Of (D) (Instr. 3, 4 and 5)			5. Amount Securities Beneficially Following	/ Owned Reported	Form	nership : Direct (D) lirect (I) . 4)	7. Nature of Indirect Beneficial Ownership		
								Code	<b>,</b>	Amount	(A) or (D)		Price		ransaction(s) nstr. 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	se (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	·	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported	e s lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code V		(A)	(D)	Date Exercisable		xpiration ate	o N		Amount or Number of Shares		Transaction(s (Instr. 4)		"	
Deferred Compensation Notional Units	(1)	03/31/2011			A		154		(1)		(1)		mmon tock	154	\$62.72 <sup>(1)</sup>	1,345	;	D	

## Explanation of Responses:

1. These deferred compensation notional units were allocated under the Fisery, 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, 2011 in respect of \$9,688 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. On March 31, 2011, the closing price of Fisery's common stock was \$62.72 per share. Upon termination of the reporting person's service to the company, each notional unit will be settled in shares of Fisery common stock on a one-for-one basis.

/s/ Charles W. Sprague (attorney in fact) 04/04/2011

\*\* Signature of Reporting Person

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.