SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

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* OLEARY DENIS					2. Issuer Name and Ticker or Trading Symbol <u>FISERV INC</u> [FISV]								5. Relationship of Reporting Person((Check all applicable) X Director				vner
(Last)	(First)				3. Date of Earliest Transaction (Month/Day/Year) 06/30/2018								Officer (g below)	jive title		Other (s below)	
255 FISERV DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) BROOKFIELI	D WI	53	045												•	ng Person ne Reportin	g Person
(City)	(State)	(Zi	p)														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date				saction /Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Dis Code (Instr.			Securities Acquired (A) or isposed Of (D) (Instr. 3, 4 a			Securities Beneficial Following	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		nership Direct (D) irect (I) 4)	7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount	mount (A) or (D) P		Price	(Instr. 3 an				(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	Conversion Date Execution Date or Exercise (Month/Day/Year) if any Price of Derivative (Month/Day/Year)		ate,	I. 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 (Inst 3 and 4)		erlying	8. Price of Derivative Security (Instr. 5)	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)

(1) 06/30/2018 Α 399 Explanation of Responses:

Code v (A)

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 \$29,500 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

Date

Exercisable

(1)

(D)

Expiration

(1)

Date

Title

Common

Stock

Remarks:

Deferred

Compensation

Notional Units

/s/ Lynn S. McCreary (attorney-in- 07/02/2018 fact)

Amount

of Shares

399

or o. Number

** Signature of Reporting Person Date

\$74.09⁽¹⁾

Transaction(s)

35,655

D

(Instr. 4)

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.