## 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 hours per response: 0.5

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* <u>RENWICK GLENN M</u>					2. Issuer Name and Ticker or Trading Symbol <u>FISERV INC</u> [ FISV ]								(Check	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 09/30/2018										Officer (give title below)			Other (specify below)	
255 FISERV DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) BROOKFIELD WI 53045												X	Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State)	(Zi	p)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date					nth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dis Code (Instr.			I. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a					Form:	nership Direct (D) Irect (I) 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
							Code	v	Amount		(A) or (D)	Price	(Instr. 3 and 4)				(1150.4)		
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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable a Expiration Date (Month/Day/Year)			Secu			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transact	e s Illy g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
						1						1		Amount		(Instr. 4)	/		

Date

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 September 30, 2018 in respect of \$55,750 of deferred compensation. The number of notional units credited is

Exercisable

(1)

(D)

Expiration

(1)

Date

Title

Common

Stock

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 September 28, 2018, the closing price of Fiserv's common stock was \$82.38 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.

09/30/2018

(1)

## Remarks:

Deferred

Compensation

Notional Units

Explanation of Responses:

<u>/s/ Lynn S. McCreary (attorney-in-</u> <u>10/02/2018</u>

or

o. Number

of Shares

677

\*\* Signature of Reporting Person Date

\$82.38(1)

44,432

D

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.

v

(A)

677

Code

А