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

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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 [*] Lynch Dennis | | | | Name and Ticker of Name Independent | 0, | bol | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--|---------|--------------|----------------------|---|------------------|-------------------------------|--|----------------------------|------------------|--------------|--|--|
| (Last) | (First) | (Middle) | 3. Date c 05/22/2 | f Earliest Transaction 019 | on (Month/Day/ | Year) | | Officer (give title below) | | specify | | |
| 255 FISERV DRIVE | | | 4. If Ame | ndment, Date of Or | iginal Filed (Mc | nth/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | Form filed by One I | | _ | | |
| BROOKFIELD | WI | 53045 | | | | | | Form filed by More | than One Reporti | ng Person | | |
| (City) | (State) | (Zip) | | | | | | | | | | |
| | | Table I - No | n-Derivative S | ecurities Acq | uired, Disp | osed of, or Beneficia | lly Ow | ned | | | | |
| 1. Title of Security (Instr. 3) 2. Trar | | | | 2A. Deemed | 3. | 4. Securities Acquired (A) or | | 5. Amount of | 6. Ownership | 7. Nature of | | |

| | | Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. 8) | | | | | 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) |
| ĺ | Common Stock | 05/22/2019 | | Α | | 2,143(1) | Α | \$0.00 | 18,397 | D | |

| 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) | Code (In | ansaction Derivative ode (Instr. Securities | | 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. Number of derivative Securities Beneficially Owned Following Reported | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |

Explanation of Responses:

1. These restricted stock units each represent a contingent right to receive one share of Fiserv, Inc. common stock. The restricted stock units vest 100% on the earlier of: (i) the first anniversary of the grant date; or (ii) immediately prior to the first annual meeting of shareholders after the grant date.

Remarks:

/s/ Lynn S. McCreary (attorney-in- 05/23/2019

fact) 05/25 ** Signature of Reporting Person Date

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.