FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| 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

| Name and Address of Reporting Person* OLEARY DENIS | | | | | FIS | 2. Issuer Name and Ticker or Trading Symbol FISERV INC [FISV] | | | | | | | | | 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) 05/19/2021 | | | | | | | | | Officer (g below) | jive title | | Other (specify below) | | |
| 255 FISERV DRIVE | | | | 4. If A | 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 | | | | | | | | | | | X | | • | • | ing Person One Reportin | g Person |
| (City) | (State) | (Zi _l | 0) | | | | | | | | | | | | | | | | |
| | | Та | ble I - No | n-Der | rivativ | e Se | curitie | s Acq | uired, l | Disp | osed of, | or l | Benefi | cially Ov | /ned | | | | |
| Date | | | | | h/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | ties Acquired (A) or I Of (D) (Instr. 3, 4 an | | | 5. Amount Securities Beneficiall Following | ly Owned or Reported (In | | nership : Direct (D) direct (I) : 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | | | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 05/1 | | | | | 19/202 | 1 | | | Α | | 2,495 | (1) | A | \$0.00 76,973 | | 73 | | 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 Da if any (Month/Day/ | ate, | | ransaction ode (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercis Expiration Date (Month/Day/Yes | | e Securities | | derlying curity) Amount or | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s lly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| ı | | | | | Code V | | (A) | (A) (D) | | Date Exercisable | | Title | . | Number of Shares | | | | | |

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/ Eric C. Nelson (attorney-in-

fact)

** 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.