SEC Form 4

Deferred

Compensation

Notional Units

Remarks:

Explanation of Responses:

(1)

## 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:

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 <sup>*</sup> DE CASTRO HENRIQUE						2. Issuer Name <b>and</b> 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)						3. Date of Earliest Transaction (Month/Day/Year) 09/30/2022									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	X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State)	(Zi	p)																
		Та	ble I - Nor	ו-Deri	ivative	e Sec	curities	s Acq	uired, l	Disp	osed of	, or B	enefic	cially Ow	ned				
Date					ite onth/Day/Year) i		2A. Deemed Execution Date if any (Month/Day/Ye	Date,	3. Transaction Code (Instr. ) 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a				Securities Beneficiall Following	Securities Beneficially Owned Following Reported		vnership : Direct (D) lirect (I) . 4)	7. Nature of Indirect Beneficial Ownership
							Code	v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 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 3. Transaction Date (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year)		ate,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Yea		e Securities Ur ar) Derivative Se 3 and 4)		ties Und tive Sec	erlying	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie: Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	

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, 2022, in respect of \$32,500 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 September 30, 2022, the closing price of Fiserv's

Exercisable

(1)

(D)

348

common stock was \$93.57 per share. Following cessation 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.

(1)

Date

Title

fact)

Common

Stock

of Shares

348

/s/ Eric C. Nelson (attorney-in-

\*\* Signature of Reporting Person

\$93.57(1)

2,356

10/03/2022

Date

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).

09/30/2022

\*\* 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)

Code

А

