FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287
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hours nor 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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the

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

purchase or sale or issuer that is intendaffirmative defense 10b5-1(c). See Ins	conditions of Rule			
1. Name and Address Rosman Adam	s of Reporting Persor 1 L.	ı*	2. Issuer Name and Ticker or Trading Symbol FISERV INC [FI]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner
(Last) 600 N. VEL R. P	(First) HILLIPS AVENU	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 07/26/2024	X Officer (give title Other (specify below) Chief Admin. and Legal Officer
(Street) MILWAUKEE (City)	WI (State)	53203 (Zip)	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 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)		ution Date, Transaction		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned Following Reported	6. Ownership 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)
Common Stock	07/26/2024		F		4,299(1)	D	\$159.94	44,660	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

- 1	1. Title of	2.	3. Transaction	3A. Deemed	ı 4. 5		5. Number of		6. Date Exercisable and		7. Title and Amount of		8. Price of	9. Number of	10.	11. Nature	ı																											
- 1	Derivative	Conversion	Date	Execution Date,	Code (Instr.		Derivative		Expiration Date		Securities Underlying		Derivative	derivative	Ownership	of Indirect	ı																											
- 1	Security (Instr. 3)	or Exercise	(Month/Day/Year)	if any					Securities		(Month/Day/Year)		Derivative Security		Security	Securities	Form:	Beneficial	ı																									
- 1		Price of		(Month/Day/Year)					8)		8)		8)		8)		8)		8)		8)		Acquired (A)		Acquired (Acquired (A)		Acquired (A)		(Instr. 3 and 4) (Instr.													
- 1		Derivative					or Disposed of (D) (Instr. 3, 4							Owned	or Indirect	(Instr. 4)	ı																											
- 1		Security												Following	(I) (Instr. 4)		ı																											
- 1						and 5)		and 5)				l	Reported			ı																												
- 1												Γ	1	Transaction(s)			ı																											
- 1						l					l	Amount		(Instr. 4)			ı																											
- 1						1				l	l	or					ı																											
- 1					١	١.,	l	/ <u></u>	Date	Expiration		Number					ı																											
L					Code	V	(A)	(D)	Exercisable	Date	Title	of Shares																																

Explanation of Responses:

1. Reflects payment of tax liability by withholding securities incident to vesting of restricted stock units.

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Remarks:

/s/ Eric C. Nelson (attorney-in-07/30/2024

fact)

** Signature of Reporting Person Date

* 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.