FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

I	OMB APPROVAL										
l	OMB Number:	3235-0287									
l	Estimated average burden										
l	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

1. Name and Addr	2. Issuer Name and Ticker or Trading Symbol FISERV INC [FISV]											onship of Reporting Person(all applicable) Director		(s) to Issuer						
(Last)	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				3. Date of Earliest Transaction (Month/Day/Year) 09/30/2009									Officer (g below)	ive title		Other (s below)	pecify		
6300 WILSON MILLS ROAD					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														X Form filed by One Reporting Person Form filed by More than One Reporting Person						
MAYFIELD VILLAGE	MAYFIELD OH		44143												Form file	d by More	than C	ne Reportin	g Person	
(City)	(State) (Zip)																			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
Date					h/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr.			ities Acquired (A) or d Of (D) (Instr. 3, 4 and 5)			5. Amount Securities Beneficially Following I	y Owned or I Reported (Ins		nership : Direct (D) lirect (I) . 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	nt (A) or (D)		Price	(Instr. 3 and				(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	se (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	~ (Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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. Numbe derivative Securities Beneficia Owned Following Reported Transacti	e s lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code		(A)	(D)	Date Exercisab		Expiration Date	Title		Amount or Number of Shares		(Instr. 4)	on(s)			
Deferred Compensation Notional Units	(1)	09/30/2009			A		402		(1)		(1)		nmon ock	402	\$48.2 ⁽¹⁾	3,129)	D		

Explanation of Responses:

1. These deferred compensation notional units were allocated under the Fisery, 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, 2009 in respect of \$19,375\$ 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. On September 30, 2009, the closing price of Fiserv's common stock was \$48.20 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.

/s/ Charles W. Sprague (attorneyin-fact) 10/01/2009

** Signature of Reporting Person

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.