SEC Form 4

## 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 0.5 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* <u>RENWICK GLENN M</u>					<u>FIS</u>	2. Issuer Name and Ticker or Trading Symbol FISERV INC [FISV]									ionship of Reporting Person( all applicable) Director		(s) to Issuer 10% Ov	vner	
(Last)	(First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/31/2011										Officer (give title below)		Other (specify below)		
6300 WILSON MILLS ROAD					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indiv	6. Individual or Joint/Group Filing (Check Applicable Line X Form filed by One Reporting Person				able Line)
(Street) MAYFIELD VILLAGE	AYFIELD OH		44143												Form file	d by More	than C	one Reportin	g Person
(City)	(State)	(Zip	<b>)</b> )																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date				e nth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispo Code (Instr.			rities Acquired (A) or ed Of (D) (Instr. 3, 4 and			5. Amount Securities Beneficially Following	y Owned Reported	Form	lirect (I) . 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) (D)	or	Price	Transactio (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	3. Transaction Date (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 illy g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title		Amount or Number of Shares		(Instr. 4)			
Deferred Compensation Notional Units	(1)	12/31/2011			Α		330		(1)		(1)	Commo Stock		330	\$58.74 <sup>(1)</sup>	6,350	5	D	

## Explanation of Responses:

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 December 31, 2011 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, or the last business day prior. On December 30, 2011, the closing price of Fiserv's common stock was \$58.74 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 (attorney-	01/03/2012		
<u>in-fact)</u> ** Signature of Reporting Person	Date		

\*\* 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.