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

1. Name and Address of Reporting Person * RENWICK GLENN M					FIS	Issuer Name and Ticker or Trading Symbol FISERV INC [ FISV ]      Date of Earliest Transaction (Month/Day/Year)									ionship of Reporting Perso all applicable) Director		erson(	n(s) to Issuer	
(Last)	(First)	,	(Middle)			le of E		ransacti	on (Month	/Day	(Year)		Officer (g below)			Other (s below)	specify		
6300 WILSON MILLS ROAD				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								- 1	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person					
(Street) MAYFIELD														X				ng Person ne Reportin	g Person
VILLAGE	ОН	44	143																
(City)	(State)	(Zip	p)																
		Та	ble I - Nor	n-Der	ivative	Sec	curitie	s Acq	uired, C	)isp	osed of	, or Be	enefic	ially Ow	ned				
Date					h/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr.		ities Acquired (A) or d Of (D) (Instr. 3, 4 and 5)		5. Amount Securities Beneficially Following I	/ Owned Reported	Form	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		3A. Deemed Execution Da if any (Month/Day/		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. Number of derivative Securities Beneficially Owned Following Reported Transaction	e s lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	ode V		(A) (D)		Date Exercisable		or Nu		Amount or Number of Shares		(Instr. 4)			
Deferred Compensation Notional Units	(1)	12/31/2014			A		274		(1)		(1)	Comr		274	\$70.97 <sup>(1)</sup>	17,66	3	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 December 31, 2014 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 last business day prior. On December 31, 2014, the closing price of Fiserv's common stock was \$70.97 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/ Lynn S. McCreary (attorney-infact) <u>01/05/2015</u>

\*\* 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.