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

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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>ROBAK KIM M</u>				2. Issuer Name and Ticker or Trading Symbol FISERV INC [FISV]								(Ch	elationship of I eck all applicat X Director	,		(s) to Issuer 10% Ov	vner		
(Last)	(First)	(Mi	(Middle)				3. Date of Earliest Transaction (Month/Day/Year) 12/31/2014								give title		Other (s below)	specify	
MUELLER ROBAK, LLC					4. If Amendment, Date of Original Filed (Month/Day/Year)								6 /r	6. Individual or Joint/Group Filing (Check Applicable Line)					
530 SOUTH 13	3TH STREI	ET, SUITE 110				anena	ment, De		nginar ne	u (ivi	onu , Day, i	car		X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(Street)														Form file	d by More	than C	one Reportin	g Person	
LINCOLN	NE	68	508																
(City)	(State)	(Zij	p)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date				th/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)				ties Acquired (A) or d Of (D) (Instr. 3, 4 and 5)		5. Amount Securities Beneficial Following	ly Owned Reported	Form ed or Inc	direct (I) r. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									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)	erivative Conversion Date Execution Da		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 r. Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisat		Expiration Date	Title	Amount or Number of Share	s	(Instr. 4)	ion(s)			
Deferred Compensation Notional Units	(1)	12/31/2014			A		137		(1)		(1)	Common Stock	137	\$70.97 ⁽¹⁾	6,45	2	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, 2014 in respect of \$9,688 of deferred compensation. The number of notional units credited is calculated by dividing the amount of compensation of 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. N	AcCreary	(attorney-in-	01/05/2015
fact)			01/03/2013

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.