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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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1. Name and Address of Reporting Person * <u>RENWICK GLENN M</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>FISERV INC</u> [ FISV ]									tionship of F all applicab Director		Person	(s) to Issuer 10% Ov		
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 06/30/2015										Officer (g below)	ive title		Other (sbelow)			
6300 WILSON MILLS ROAD						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) MAYFIELD VILLAGE OH		44	44143											X			•	ing Person One Reportir	g Person	
(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)		Transaction Dis Code (Instr.			ecurities Acquired (A) or posed Of (D) (Instr. 3, 4 and			Beneficial Following		Form	nership : Direct (D) lirect (I) : 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code         V         Amount         (A) or (D)         Price         Transaction(s) (Instr. 3 and 4)					(instr. 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. 3. Transaction Or Exercise (Month/Day/Year) Price of Derivative Security		ate,		ransaction Derivative ode (Instr. Securities		)	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Date

Exercisable

(1)

(D)

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

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Expiration

(1)

Date

Title

Common

Stock

exchange for the allocation of notional units were and the restry, the closing price of units under the Plan on June 30, 2015 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 deferred, or last business day prior. On June 30, 2015, the closing price of Fiserv's common stock was \$82.83 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.

(1)

## Remarks:

Deferred

Compensation

Notional Units

Explanation of Responses:

/s/ Lynn S. McCreary (attorney-infact) 07/01/2015

\$82.83<sup>(1)</sup>

18,142

D

\*\* Signature of Reporting Person Date

Number

of Shares

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

 $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

06/30/2015

\*\* 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.

V (A)

Code

Α