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 * ERNST MARK A | | | | - 1 | 2. Issuer Name and Ticker or Trading Symbol FISERV INC [FISV] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|---|---|--------------------|--|--|--|--|--------|--|---------------|---|--|---------------|---|--|--|--|-----------------------|---|--|
| (Last) 255 FISERV | (First) |) (1 | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/19/2016 | | | | | | | | X | Officer (g below) | (give title | | Other (specify below) | | |
| (Street) BROOKFIELD WI 53045 (City) (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv | tividual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | T | able I - Nor | n-Derivat | ive S | ecuriti | es Acq | uired, [| Disp | osed of | , or Bene | ficia | ally Ow | ned | | | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | | 5. Amount Securities Beneficially Following I | y Owned Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | Amount | (A) or (D) | P | Price | (Instr. 3 and | | | | (111301.4) | | | |
| Common Stock | | | | 02/20/20 | 20/2016 | | | F | | 8080 | 1) D | | \$96.65 | 59,016(2) | | | D | | |
| Common Stock | | | | 02/22/20 | 2/22/2016 | | | | | 9090 | 1) D | | \$97.92 | 58,107 | | | D | | |
| | | | Table II - I | | | | | | | | or Benefic e securit | | y Owne | ed | | | | | |
| Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | e (Month/Day/Year) | 3A. Deemed Execution Date if any (Month/Day/Yea | 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 Securities L Derivative S 3 and 4) | nder | lying | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported Transacti | e Ownersi s Form: ally Direct (I or Indire g (I) (Instr. | Ownership | Beneficial Ownership t (Instr. 4) | |
| | | | | Code | v | (A) | | Date Exercisabl | | Expiration Date | Title | o N | mount r umber f Shares | | (Instr. 4) | | | | |
| Employee Stock Option (right to buy) | \$96.65 | 02/19/2016 | | A | | 54,262 | | 02/19/2017 | (3) | 02/19/2026 | Common Stock | | 54,262 | \$0.00 | 54,26 | 2 | D | | |

Explanation of Responses:

- 1. Reflects payment of tax liability by withholding securities incident to vesting of restricted stock units.
- 2. Includes 314 shares acquired under the Fiserv, Inc. Employee Stock Purchase Plan.
- $3. \ \mbox{One-third}$ of these options vest on each anniversary of the grant date.

Remarks:

/s/ Lynn S. McCreary (attorney-infact) <u>02/23/2016</u>

** Signature of Reporting Person Date

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.