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] 3. Date of Earliest Transaction (Month/Day/Year)									ionship of Reporting Perso all applicable) Director Officer (give title		Person	on(s) to Issuer 10% Owner Other (specify	
(Last)	(First)	,	(Middle)			0/201	6						below)			below)			
6300 WILSON MILLS ROAD				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Y Form filed by One Reporting Person				able Line)	
(Street) MAYFIELD VILLAGE	ОН	44	143													,	•	ne Reportin	g Person
(City)	(State)	(Zip	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 Dispose Code (Instr.			rities Acquired (A) or ad Of (D) (Instr. 3, 4 and 5)			5. Amount Securities Beneficially Following I	y Owned Reported	Form	vnership i: Direct (D) direct (I) r. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code V		Amount	(A) or (D)		Price	(Instr. 3 and				(111501.4)
	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 Day if any (Month/Day/	ate,	4. Transaction 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 illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	or Nu		Amount or Number of Shares		(Instr. 4)			
Deferred Compensation Notional Units	(1)	06/30/2016			A		237		(1)		(1)		nmon ock	237	\$108.73 ⁽¹⁾	19,21	1	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 June 30, 2016 in respect of \$25,750 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 June 30, 2016, the closing price of Fiserv's common stock was \$108.73 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.

Remarks:

/s/ Lynn S. McCreary (attorney-infact) 07/01/2016

** 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.