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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 0.5 hours per response:

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>RENWICK GLENN M</u>						2. Issuer Name and Ticker or Trading Symbol <u>FISERV INC</u> [FISV] 3. Date of Earliest Transaction (Month/Day/Year)									ionship of Reporting Person all applicable) Director		erson(10% Owner	
(Last)	(First)	(Mi		09/30/2016									Officer (give title below)		Other (specify below)				
6300 WILSON MILLS ROAD					4. If Amendment, Date of Original Filed (Month/Day/Year)										 Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person 				
(Street) MAYFIELD VILLAGE	FIELD OH		44143													,	•	ne Reportin	g Person
(City)	(State)	(Zip	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date				ransaction e nth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code V		Amount	mount (A) or (D)		Price	(Instr. 3 and				(1150.4)
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 Da if any (Month/Day/Y	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 o derivative Securities Beneficially Owned Following Reported Transaction	e s Ily J	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title		Amount or Number of Shares		(Instr. 4)	011(5)		
Deferred Compensation Notional Units	(1)	09/30/2016			Α		259		(1)		(1)		nmon ock	259	\$99.47 ⁽¹⁾	19,47	0	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 September 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 September 30, 2016, the closing price of Fiserv's common stock was \$99.47 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/ Robert W. Hau (attorney-in-10/03/2016 fact)

** 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.

Date