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>Simons Doyle</u>					2. Issuer Name and Ticker or Trading Symbol FISERV INC [FISV]								ationship of F k all applicat		Person	(s) to Issuer 10% Ov	
(Last)	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 09/30/2017								Officer (g below)	give title		Other (s below)	specify
220 OCCIDENTAL AVENUE SOUTH					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) SEATTLE WA		98	104										Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State) (Zip)		p)														
		Та	ble I - Non-D	Derivativ	re Se	curitie	s Acq	uired, C)isp	osed of	, or Benef	icially O	wned				
Date				Transaction Ite onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)					urities Acquired (A) or sed Of (D) (Instr. 3, 4 and		5. Amount Securities Beneficial Following	ly Owned Reported	Form	vnership :: Direct (D) direct (I) :. 4)	7. Nature of Indirect Beneficial Ownership
								Code	v	Amount	(A) or (D)	Price	 Transaction(s) (Instr. 3 and 4) 				(Instr. 4)
			Table II - De (e.e								or Benefici le securitie		ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (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 Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transact	e s ally g	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 Shares		(Instr. 4)	1011(5)		
Deferred Compensation	(1)	09/30/2017		A		200		(1)		(1)	Common	200	\$128.96 ⁽¹⁾	18,40)9	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, 2017 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 29, 2017, the closing price of Fiserv's common stock was \$128.96 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:

Notional Units

/s/ Lynn S. McCreary (attorney-in- 10/02/2017 fact)

Stock

** 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.