FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL							
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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

Name and Address of Reporting Person*  Kim John Y					2. Issuer Name and Ticker or Trading Symbol FISERV INC [ FISV ]									tionship of R all applicabl Director	leporting Person(s) to Issuer le) 10% Owner			/ner		
(Last)	ast) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 09/30/2018									Officer (gi below)	ive title		Other (specify below)		
51 MADISON AVENUE					4. If A	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) NEW YORK	NY	100	010												Form filed	d by More t	than O	ne Reportin	g Person	
(City)	(State)	(Zip	o)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Trans Date (Month/				n/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)				ties Acquired (A) or I Of (D) (Instr. 3, 4 and			5. Amount Securities Beneficially Following F	y Owned or Ir Reported (Ins		nership : Direct (D) lirect (I) . 4)	7. Nature of Indirect Beneficial Ownership			
								Code	/	Amount (A) or (D)		Price	(Instr. 3 and 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. Conversion or Exercise Price of Derivative Security	rcise (Month/Day/Year) of tive	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		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 (Inst 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisabl		expiration Pate	Title		Amount or Number of Shares		Transaction(s (Instr. 4)				
Deferred Compensation Notional Units	(1)	09/30/2018			A		283		(1)		(1)	Comi		283	\$82.38 <sup>(1)</sup>	3,108		D		

## Explanation of Responses:

1. These deferred compensation notional units were allocated under the Fisery, 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, 2018 in respect of \$23,250 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 28, 2018, the closing price of Fiserv's common stock was \$82.38 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) 10/02/2018

\*\* Signature of Reporting Person Date

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).
- \*\* 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.