FORM 4

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

Washington, D.C. 20549

OMB APPROVAL								
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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

Name and Address of Reporting Person*     Simons Doyle					FIS	2. Issuer Name and Ticker or Trading Symbol FISERV INC [ FISV ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner				
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 09/30/2021									Officer (gi	ve title		Other (s below)	specify	
255 FISERV DRIVE				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) BROOKFIELD	) WI	530	045												Form filed	d by More	than C	ne Reportin	g Person
(City)	(State)	(Zip	p)																
		Та	ble I - Nor	n-Der	ivative	Se	curitie	s Acq	uired, C	)isp	osed of	, or Be	nefici	ally Ow	ned				
1. Title of Security (Instr. 3)  2. Trans Date (Month/k				n/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)				ties Acqui I Of (D) (In			5. Amount Securities Beneficiall Following Transactio		Form	lirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	٧	Amount	t (A) or (D)		Price	(Instr. 3 and 4)				(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		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 (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A) (D)				Expiration Date	or Nu		Amount or Number of Shares		(Instr. 4)			
Deferred Compensation Notional Units	(1)	09/30/2021			A		249		(1)		(1)	Comm Stock		249	\$108.5 <sup>(1)</sup>	40,570	0	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, 2021 in respect of \$27,000 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, 2021, the closing price of Fisery's common stock was \$108.50 per share. Following cessation of the reporting person's service to the company, each notional unit will be settled in shares of Fisery common stock on a one-for-one basis.

## Remarks:

/s/ Eric C. Nelson (attorney-infact) 10/01/2021

\*\* 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.