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

| Name and Address of Reporting Person     DiSimone Harry  |   |  |                 |           | FIS         | 2. Issuer Name and Ticker or Trading Symbol FISERV INC [ FISV ] |   |        |  |                         |                    |  |             |                                     | ionship of Reporting Po<br>all applicable)<br>Director                     |   | erson(s) to Issuer 10% Owner             |  | vner   |
|--|---|--|-----------------|-----------|-------------|---|---|--------|--|-------------------------|--------------------|--|-------------|-------------------------------------|--|---|--|--|--|
| (Last)   | (First)   | (Mi  | (Middle)        |           |             |   | 3. Date of Earliest Transaction (Month/Day/Year) 09/12/2022 |        |  |                         |                    |  |             |                                     | Officer (gi<br>below)  | jive title  |  | Other (specify below)  |  |
| 255 FISERV DRIVE   |   |  |                 |           | 4. If A     | 4. If Amendment, Date of Original Filed (Month/Day/Year)        |   |        |  |                         |                    |  |             | I                                   | 6. Individual or Joint/Group Filing (Check Applicable Line)                |   |  |  |  |
| (Street)  BROOKFIELD   | WI  | 53   | 045             |           |             |   |   |        |  |                         |                    |  |             | X                                   | Form filed by One Reporting Person Form filed by More than One Reporting F |   |  |  | g Person   |
| (City)   | (State)   | (Zi <sub>l</sub>                           | p)              |           |             |   |   |        |  |                         |                    |  |             |                                     |  |   |  |  |  |
|  |   | Та   | ble I - Nor     | า-Der     | ivativ      | e Se  | curitie   | s Acqı | uired, I   | Disp                    | osed of,           | or B   | enefic      | ially Ow                            | ned  |   |  |  |  |
| Date   |   |  |                 |           |             | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)     |   |        |  | 4. Securiti<br>Disposed |                    |  |             |                                     |  | Form:   | nership<br>Direct (D)<br>irect (I)<br>4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)        |  |
|  |   |  |                 |           |             |   |   |        | Code   | v                       | Amount             |  | A) or<br>D) | Price                               | (Instr. 3 and 4)   |   |  |  | (111501.4)   |
| Common Stock   |   |  |                 |           |             |   |   |        |  |                         |                    |  |             |                                     | 12,947   |   |  | D  |  |
| Common Stock 09/1  |   |  |                 | 9/12/2022 |             |   |   | S      |  | 2,706                   |                    | D  | \$108.72    | 0                                   |  |   | I  | By<br>Trust <sup>(1)</sup>   |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |  |                 |           |             |   |   |        |  |                         |                    |  |             |                                     |  |   |  |  |  |
| 1. Title of<br>Derivative<br>Security (Instr. 3)   | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | Execution Date, |           | Code (Instr |   |   |        | 6. Date Exercisable<br>Expiration Date<br>(Month/Day/Year) |                         | te                 | e and 7. Title and An Securities Und Derivative Sec (Instr. 3 and 4) |             | derlying<br>curity                  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)                        | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s | e<br>s<br>Illy                           | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
| Explanation of Res   |   |  |                 |           | Code        | v   | (A) (D)   |        | Date<br>Exercisa   |                         | Expiration<br>Date | ration or  |             | Amount<br>or<br>Number<br>of Shares |  | (Instr. 4)  | J(3)                                     |  |  |

1. Held by the Harry DiSimone 2021 Irrevocable Exemption Trust for the benefit of family members of the reporting person and of which such family members serve as trustee.

## Remarks:

/s/ Eric C. Nelson (attorney-in-

fact)

\*\* Signature of Reporting Person

Date

09/13/2022

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.