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* Chiarello Guy					FIS	2. Issuer Name and Ticker or Trading Symbol FISERV INC [FISV]								5. Relationship of Reporting Person(s) (Check all applicable) Director			s) to Issuer	vner
(Last) 255 FISERV D	(First)	(M		3. Date of Earliest Transaction (Month/Day/Year) 01/04/2023								X	Officer (g below) Ch		e title Other (spec below) of Operating Officer		specify	
(Street) BROOKFIELD (City)	WI (State)	53 (Zi	045 p)	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi	iividual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Da				2. Transaction Date (Month/Day/Year)) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Of (D) (Instr	s Acquired (A : 3, 4 and 5)) or Disposed	Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price					(Instr. 4)
Common Stock				01/04	4/2023				S		4,000(1)	D	\$102.15(2	205,623		D		
Common Stock														26,1	118		I	By Trust ⁽³⁾
Common Stock												37,381			I	By Trust ⁽⁴⁾		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
Derivative Conversion Date Exe Security (Instr. 3) or Exercise (Month/Day/Year) if all			3A. Deeme Execution I if any (Month/Day	Date,	4. Transact Code (In 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Day/\(\text{Month/Day/\(\text{V}\)}\)		ate Securities Under		nderlying ecurity 4)	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	e s lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares	ber				

Explanation of Responses:

- 1. This sale was effected pursuant to a Rule 10b5-1 trading plan entered into by the reporting person for estate and financial planning purposes.
- 2. This transaction was executed in multiple trades at prices ranging from \$102.04 to \$102.41. The price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.
- 3. Held by The Guy Chiarello 2020 Trust for the benefit of the reporting person's spouse and children and of which the reporting person's spouse serves as trustee and the reporting person serves as investment advisor.
- 4. Held by The Denise Chiarello 2021 Trust for the benefit of the reporting person and the reporting person's children and of which the reporting person serves as trustee.

Remarks:

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

01/05/2023

fact)

** 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.