FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden	3233-0267							
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

1. Name and Address of Reporting Person* Bisignano Frank				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) 255 FISERV DE	(First)	(Mi	ddle)		3. Date of Earliest Transaction (Month/Day/Year) 02/26/2023									X Officer (give title Other (specify below) Chairman, President and CEO				
(Street) BROOKFIELD (City)	WI (State)	53 (Zi	045		4. If Amendment, Date of Original Filed (Month/Day/Year)									ndividual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Та	ble I - No	n-Der	ivative	Secu	urities Acc	uired,	Disp	osed of,	, or	Benefi	cially O	vned				
Date			Date	Transaction te onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and				5. Amount of Securities Beneficially Following Re		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
						, ,	Code	v	Amount (A) or (D)		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock				02/2	6/2023			F		4,903(1	1)	D	\$114.45	2,873	,289	D		
Common Stock														4,2	86	I		See Footnote ⁽²⁾
Common Stock														81,5	550	I		By Trust ⁽³⁾
Common Stock														30,0	000	I		See Footnote ⁽⁴⁾
Common Stock														73	0	I		See Footnote ⁽²⁾
Common Stock												14,940		940			By Spouse	
Common Stock													300				See Footnote ⁽²⁾	
		,	Table II - I	Deriva (e.g., ¡	ative Se	ecuri	ities Acqu warrants,	ired, Di option	spos s, co	sed of, o	r Be	enefici curitie	ally Own s)	ed				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date if any (Month/Day/Year) (Month/Day/Year)		ate,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exerc Expiration Da (Month/Day/Y		ite	7. Title and Amo Securities Under Derivative Secur (Instr. 3 and 4)		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transaction	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	(D) irect	Beneficial Ownership (Instr. 4)		
					Code V	,	(A) (D)	Date Exercisable		Expiration Date	Title	Amo or Numi Title of Sh		(Instr. 4)				

Explanation of Responses:

- 1. Reflects payment of tax liability by withholding securities incident to vesting of restricted stock units.
- 2. These shares are held in an account, of which the reporting person acts as custodian, for the benefit of a minor.
- 3. These shares are held by trusts, of which the reporting person serves as trustee, for the benefit of the reporting person's children.
- 4. Held by the Frank J. Bisignano 2022 Grantor Retained Annuity Trust.

Remarks:

/s/ Eric C. Nelson (attorney-infact) 02/27/2023

** 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.