Edgar Filing: FISERV INC - Form 4

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FISERV IN Form 4												
April 01, 20	ЛЛ	STATES	SECU	RITIES A	AND EX	CHAN	IGE C	COMMISSI	ON	OMB A	PPROVA	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									Number:	3235 Janua		
if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).										average urs per	0.5	
(Print or Type	Responses)											
RENWICK GLENN M Symu FISI				2. Issuer Name and Ticker or Trading Symbol FISERV INC [FISV]				5. Relationship of Reporting Person(s) to Issuer				
								(Check all applicable)				
(Mont				Date of Earliest Transaction Ionth/Day/Year) 8/31/2015				_X_Director10% Owner Officer (give titleOther (specify below)below)				
				Amendment, Date Original Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
MAYFIEL	D VILLAGE, OH	H 44143						Person	by MC	se than one R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securiti	ies Acq	uired, Dispose	d of,	or Beneficia	lly Owne	d
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	3. Transactic Code (Instr. 8) Code V	4. Securit onAcquired Disposed (Instr. 3, -	(A) or of (D)	S B C F R T	Amount of ecurities seneficially owned following deported iransaction(s) (Instr. 3 and 4)	Fo (D (I)	Ownership rm: Direct) or Indirect astr. 4)	7. Nature Indirect Beneficia Ownersh (Instr. 4)	al iip
Reminder: Re	port on a separate line	e for each cla	iss of sec	urities bene	Perso	ons who	o respo	ond to the col			SEC 1474	
					inforr	nation of	contai	ned in this for	rm a	re not	(9-02)	

Persons who respond to the collection of SEC 14 information contained in this form are not (9-0 required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof	Expiration Date	Underlying Securities	D
Security	or Exercise		any	Code	Derivative	(Month/Day/Year)	(Instr. 3 and 4)	Se
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Securities			(I

	Derivative Security				Acqui (A) or Dispo of (D) (Instr and 5	r osed) . 3, 4,					
			Сос	le V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Deferred Compensation Notional Units	(1)	03/31/2015	А		245		<u>(1)</u>	<u>(1)</u>	Common Stock	245	\$

Reporting Owners

Reporting Owner Name / Address	Relationships						
Treforming Comment and Comments	Director	10% Owner	Officer	Other			
RENWICK GLENN M 6300 WILSON MILLS ROAD MAYFIELD VILLAGE, OH 44143	Х						
Signatures							
/s/ Lynn S. McCreary (attorney-in-fact)	C	04/01/2015					
**Signature of Reporting Person		Date					

Explanation of Responses:

- * 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).

These deferred compensation notional units were allocated under the Fiserv, 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 March 31, 2015 in respect of \$19,375 of deferred compensation.

(1) 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 March 31, 2015, the closing price of Fiserv's common stock was \$79.40 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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.