FORSTER ANDREA L Form 3 September 01, 2011 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Ad Person <u>*</u> FORSTER		c	2. Date of Event Rea Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol MASTERCARD INC [MA]						
(Last)	(First)	(Middle)	08/23/2011		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)			
2000 PURCH	IASE STR	EET							•		
	(Street)				(Check all applicable) Director 10% Owner Officer Other (give title below) (specify below) Corporate Controller		6. Individual or Joint/Group				
PURCHASE	, NY 10	0577		_				Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Beneficially Owned								
1.Title of Securi (Instr. 4)	ty			nount of S ficially O r. 4)	wned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Na Owne (Instr	ership	irect Beneficial		
Reminder: Report owned directly o		ate line for ea	ch class of securities	beneficial	ly SE	EC 1473 (7-02))				
	inform require	ation conta ed to respo	pond to the collect ained in this form a nd unless the forn MB control number	are not n display	's a						
Ta	able II - Deri	ivative Secu	rities Beneficially Ov	wned (e.g.	, puts, calls, v	warrants, opt	ions, c	onvertible	securities)		
1. Title of Deriv (Instr. 4)	ative Securit	Expii	ration Date /Day/Year)		d Amount of Underlying Security	4. Conversion or Exercise Price of Derivative	se Fo D	wnership orm of erivative ecurity:	6. Nature of India Beneficial Owner (Instr. 5)		

Date

Exercisable

Expiration

Title

Date

Security:

Security

Amount or

Number of

Shares

Direct (D)

or Indirect

(Instr. 5)

(I)

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

Reporting Owners

Reporting Owner Name / Address	Relationships				
· · · · · · · · · · · · · · · · · · ·	Director	10% Owner	Officer	Other	
FORSTER ANDREA L 2000 PURCHASE STREET PURCHASE, NY 10577	Â	Â	Corporate Controller	Â	

Signatures

Bart S. Goldstein as attorney in fact for Andrea L. Forster pursuant to power of attorney dated August 25, 2011 09/01/2011

**Signature of Reporting Person

Date

Explanation of Responses:

No securities are beneficially owned

* If the form is filed by more than one reporting person, *see* Instruction 5(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. 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.