McKay David I. Form 3 March 18, 2008

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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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)

(City)

(State)

1. Name and Address of Reporting Person * Â McKay David I.		Requiring Statement	3. Issuer Name and Ticker or Trading Symbol Visa Inc. [V]			
(Last) (First)	(Middle)	(Month/Day/Year) 03/18/2008	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Origina Filed(Month/Day/Year)		
C.O. VISA INC., P.O. BO	X 8999		(Check all applicable)	6. Individual or Joint/Group		
SAN FRANCISCO, CA 94	128-8999		_X_ Director 10% Owner Officer Other (give title below) (specify below)	E:::::(C! 1 A !: 11 I:)		

Table I - Non-Derivative Securities Beneficially Owned

1.Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
No securities are beneficially owned	0	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

(Zip)

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	·	Amount or Number of Shares	Price of Derivative Derivative Security: Security Direct (D) or Indirect (I)		

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

McKay David I.

C.O. VISA INC., P.O. BOX 8999

 X Â Â

SAN FRANCISCO, CAÂ 94128-8999

Signatures

/s/ Ariela St. Pierre Attorney-in-fact 03/18/2008

**Signature of Reporting Person Date

Explanation of Responses:

- * 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.

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