Simons Doyle Form 4 January 03, 2019

# FORM 4

Form 5

obligations

may continue.

See Instruction

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

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** Section 16. Form 4 or

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

1(b).

(Instr. 3)

(Print or Type Responses)

1. Name and Address of Reporting Person \* Simons Doyle

(First) (Middle) (Last)

255 FISERV DRIVE

(Street)

2. Issuer Name and Ticker or Trading

Symbol

FISERV INC [FISV] 3. Date of Earliest Transaction

(Month/Day/Year) 12/31/2018

4. If Amendment, Date Original

Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

**OMB** 

Number:

Expires:

response...

Estimated average

burden hours per

X Director 10% Owner Officer (give title Other (specify below)

6. Individual or Joint/Group Filing(Check

Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

6. Ownership

Form: Direct

(Instr. 4)

(D) or Indirect Beneficial

7. Nature of

Ownership

(Instr. 4)

(9-02)

Indirect

Person

5. Amount of

Securities

Owned

Beneficially

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

(City) (State) (Zip)

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if

**BROOKFIELD, WI 53045** 

(Month/Day/Year)

4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8)

(Instr. 3, 4 and 5) (A)

or

Following Reported Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price

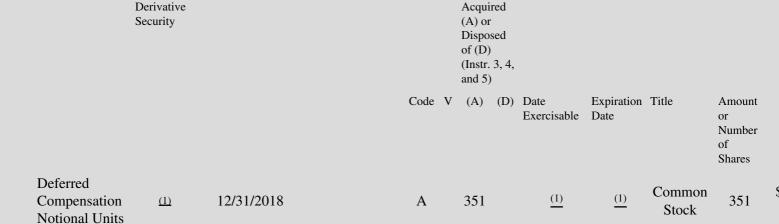
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not 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 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 Transactionof **Expiration Date Underlying Securities** Security or Exercise Code Derivative (Month/Day/Year) (Instr. 3 and 4) S (Instr. 3) Price of (Month/Day/Year) (Instr. 8) Securities (I

#### Edgar Filing: Simons Doyle - Form 4



# **Reporting Owners**

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Simons Doyle 255 FISERV DRIVE BROOKFIELD, WI 53045	X			

# **Signatures**

/s/ Lynn S. McCreary (attorney-in-fact)

01/03/2019

\*\*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 Fisery, 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 December 31, 2018 in respect of \$25,750 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 December 31, 2018, the closing price of Fiserv's common stock was \$73.49 per share. Following cessation 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.

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