Edgar Filing: MASTERCARD INC - Form 4

MASTERCA	RD INC											
Form 4												
June 11, 2007	7											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check this box				U /					Expires:	January 31,		
subject to state and the state of the state				GES IN F	BENEFI	CIA	LOW	NERSHIP OF		2005		
Section 16	5.			SECURI	TIES				Estimated average burden hours per			
Form 4 or									response			
Form 5 obligation	~						-	ge Act of 1934,				
may conti				•	•	• •		of 1935 or Section	n			
See Instru		30(h)	of the Inv	estment (Company	y Act	: of 19	40				
1(b).												
(Print or Type R	esponses)											
1. Name and Address of Reporting Person * CARLUCCI DAVID R2. Issuer Symbol				Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
			-	RCARD	INC IM	41						
(Last)	(First)	(Middle)			_	-1		(Che	ck all applicable	e)		
(Month/Da			Earliest Transaction				X Director 10% Owner					
2000 PURCHASE STREET 06/07/20			-				Officer (give titleOther (specify					
								below)	below)			
(Street) 4. If Amen				endment, Date Original				6. Individual or Joint/Group Filing(Check				
			Filed(Mont	h/Day/Year)				Applicable Line)	One Reporting P	Preon		
PURCHASE					_X_Form filed by One Reporting Person Form filed by More than One Reporting							
TURCHASE	2, 141 1055725							Person				
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction D	Date 2A. Dee	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Ye		on Date, if	TransactionAcquired (A) or Code Disposed of (D)				Form: Direct	Indirect			
(Instr. 3)		any (Month/Day/Year)			Disposed (Instr. 3,			Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(INIOIIIII	(Day/ I cal)	(Instr. 8)	(111501. 5,	+ anu	5)	Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported	. ,			
						or		Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D)	Price	(Instr. 5 and 4)				
Class A							\$0		_			
Common	06/07/2007			А	697	А	(1)	3,262	D			
Stock												

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

Edgar Filing: MASTERCARD INC - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addres		Relationsh	lips		
	Director	10% Owner	Officer	Other	
CARLUCCI DAVID R 2000 PURCHASE STREET PURCHASE, NY 105572509	Х				
Signatures					

/s/ Bart S. Goldstein as attorney in fact for David R Carlucci pursuant to power of attorney dated August 9, 2006

**Signature of Reporting Person

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).

Represents deferred stock unit award pursuant to the terms of the MasterCard Incorporated 2006 Non-Employee Director Equity

(1) Compensation Plan, which was approved by stockholders of MasterCard Incorporated (the "Company") at the Company's July 18, 2006 annual meeting of stockholders. The award will be settled on June 7, 2011.

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.

06/11/2007

Date