## Edgar Filing: FISERV INC - Form 4

FISERV INC Form 4										
April 01, 2015	4								PPROVAL	
	UNITED	STATES		RITIES A shington			E COMMISSIO	N OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 16. Form 4 or Form 5 Section 17(a) of the Public Utility Holding Company Act of 193 30(h) of the Investment Company Act of 1940							nge Act of 1934, of 1935 or Secti	Estimated burden ho response	urs per	
1(b). (Print or Type Res	sponses)									
1. Name and Address of Reporting Person <u>*</u> SIMONS DOYLE R			2. Issuer Name <b>and</b> Ticker or Trading Symbol FISERV INC [FISV]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(			<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>03/31/2015</li></ul>			Officer (give title 0% Owner below) Other (specify below)				
			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person				
BROOKFIEL	D, WI 53045						Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivativ	e Securities A	Acquired, Disposed	of, or Beneficia	ally Owned	
	Transaction Date Ionth/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	(A) or d of (D) 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Report	t on a separate line	e for each cla	ass of sec	urities bene	Pers infor requ	ons who res mation con ired to resp ays a curre	or indirectly. spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

 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			(Ii

	Derivative Security				Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			,				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Deferred Compensation Notional Units	<u>(1)</u>	03/31/2015		А		221		(1)	<u>(1)</u>	Common Stock	221	\$

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>				
	Director	10% Owner	Officer	Other
SIMONS DOYLE R 255 FISERV DRIVE BROOKFIELD, WI 53045	Х			
Signatures				
/s/ Lynn S. McCreary (attorney-in-fact)		04/01/2	015	
**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).

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 \$17,500 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.