## Edgar Filing: FISERV INC - Form 4

FISERV IN Form 4 July 03, 20								
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION					OMB APPROVAL			
Washington, D.C. 20549				OMB Number:	3235-0287			
Check this box if no longer subject to Section 16. SECURITIES						Expires: Estimated a burden hou response	urs per	
(Print or Type	e Responses)							
1. Name and Address of Reporting Person <u>*</u> Simons Doyle			2. Issuer Name and mbol ISERV INC [FI	I Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 220 OCCIDENTAL AVENUE SOUTH			Date of Earliest Tr Ionth/Day/Year) 6/30/2017	ransaction	(Check all applicable) X_ Director 10% Owner Officer (give title Other (specify below) below)			
(Street) SEATTLE, WA 98104			If Amendment, Da led(Month/Day/Year	-	<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting</li> <li>Person</li> </ul>			
(City)	(State)	(Zip)	Table I - Non-F	Derivative Securities A		f or Beneficia	llv Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Dat any (Month/Day/Y	3. te, if Transaction Code	4. Securities nAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or	5. Amount of Securities I Beneficially ( Owned (	6. Ownership Form: Direct D) or Indirect I)	7. Nature of Indirect	
Reminder: Ro	eport on a separate lin	e for each class	of securities benef	information cont required to respo	or indirectly. pond to the collec ained in this form and unless the for ntly valid OMB cor	are not m	SEC 1474 (9-02)	

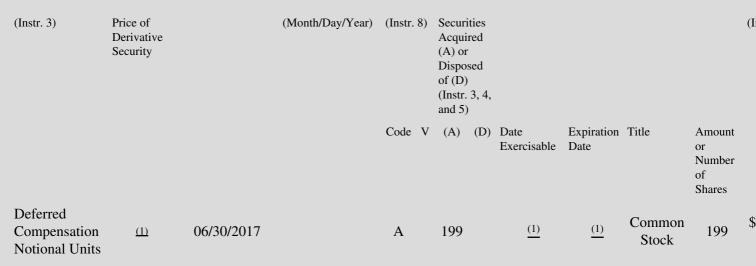
 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (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

number.

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Simons Doyle 220 OCCIDENTAL AVENUE SOUTH SEATTLE, WA 98104	Х				
Signatures					
/s/ Lynn S. McCreary (attorney-in-fact)	07/03	/2017			
**Signature of Reporting Person	Da	te			

## **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 June 30, 2017 in respect of \$24,294 of deferred compensation. The

(1) 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 June 30, 2017, the closing price of Fiserv's common stock was \$122.34 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.