Edgar Filing: MASTERCARD INC - Form 4

MACTEDCADD IN

Form 4	ARD INC										
April 16, 20	08										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMMISSION	OMB APPROVAL			
		JIAILS		shington				01411411551014	OMB Number:	3235-0287	
Check th if no long				DENEE	ICI			Expires:	January 31, 2005		
subject to STATEMENT OF Section 16. Form 4 or				SECUI	RITIES				Estimated average burden hours per response 0		
Form 5 obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17(a	a) of the I	Public U		ding Cor	npan	y Act of	e Act of 1934, 1935 or Sectior 0	1		
(Print or Type]	Responses)										
1. Name and Address of Reporting Person <u>*</u> SELANDER ROBERT W			2. Issuer Name and Ticker or Trading Symbol MASTERCARD INC [MA]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (N	(liddle)	3. Date of Earliest Transaction					(Check	all applicable)	
			(Month/Day/Year) 04/14/2008					X Director 10% Owner X Officer (give title Other (specify below) below) Chief Executive Officer			
				If Amendment, Date Original ed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
PURCHAS	E, NY 105772509)						Form filed by M Person			
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secu	rities Acq	uired, Disposed of,	or Beneficial	y Owned	
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date, i		Date, if	Code (Instr. 3, 4 and 5)				Owned(D) orFollowingIndirect (IReported(Instr. 4)Transaction(s)		7. Nature of Indirect t Beneficial Ownership (Instr. 4)	
				Code V	Amount		Price	(Instr. 3 and 4)			
Class A Common Stock	04/14/2008			S	200 <u>(1)</u>	D	\$ 228.17	183,476 <u>(2)</u>	D		
Class A Common Stock								30,000	I	Held in GRAT	

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.

Edgar Filing: MASTERCARD INC - Form 4

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

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

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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SELANDER ROBERT W 2000 PURCHASE STREET PURCHASE, NY 105772509	Х		Chief Executive Officer				
0:							

Signatures

/s/Bart S. Goldstein attorney in fact for Robert W. Selander pursuant to Power of Attorney dated July 25, 2006	04/16/2008
**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).

The sale reported in this Form 4 was effected pursuant to a pre-planned trading plan entered into in accordance with Rule 10b5-1 of the
 (1) Securities Exchange Act of 1934 and previously referenced in a MasterCard Incorporated Form 8-K filed on August 15, 2007. The pre-planned trading plan was adopted by the reporting person on August 13, 2007.

This Form 4 contains 1 of 121 price increments relating to a transaction that was executed on April 14, 2008. This is the fifth of five Form(2) 4s relating to such transaction. Four additional Form 4s containing the balance of the price increments related to such transaction are being filed simultaneously.

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.