Edgar Filing: FISERV INC - Form 4

FISERV INC Form 4										
October 01, 201	Л								PPROVAL	
	UNITED	STATES		RITIES A shington			E COMMISSIO	N OMB Number:	3235-02	287
Check this b if no longer subject to Section 16. Form 4 or Form 5 obligations may continu See Instruction	s box er STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 20(b) of the Investment Company Act of 1940						Estimated burden hou response	irs per		
1(b). (Print or Type Resp	nonses)									
1. Name and Addı OLEARY DEN	2. Issuer Name and Ticker or Trading Symbol FISERV INC [FISV]				5. Relationship of Reporting Person(s) to Issuer					
(Last) (First) (Middle) 255 FISERV DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 09/30/2013			(Check all applicable) <u>X</u> Director Officer (give title 10% Owner below) Other (specify below)				
(Street) BROOKFIELD, WI 53045			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 Form filed by More than One Reporting 				
(City)	(State)	(Zip)	T - 1	L T Nov I		G	Person			
1.Title of 2. 7	(Suce) Fransaction Date onth/Day/Year)		ed Date, if	3. Transactio Code (Instr. 8) Code V	4. Securit nAcquired Disposed (Instr. 3,	ies (A) or of (D)	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	f
Reminder: Report	on a separate line	e for each cl	ass of sec	urities bene	Perso inforr requi	ons who res nation con red 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	Transacti	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>	09/30/2013		А		203		(1)	<u>(1)</u>	Common Stock	203	\$

Reporting Owners

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
OLEARY DENIS 255 FISERV DRIVE BROOKFIELD, WI 53045	Х			
Signatures				
/s/ Lynn S. McCreary (attorney-in-fact)		10/01/2	013	
**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 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 September 30, 2013 in respect of \$20,500 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 the last business day prior. On September 30, 2013, the closing price of Fiserv's common stock was \$101.05 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.