FISERV INC Form 3 March 16, 2016 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB 3235-0104 Number: January 31, **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** Expires:

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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Hau Robert W.			Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol FISERV INC [FISV]								
(Last)	(First)	(Middle)	03/14/2016		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)				
255 FISERV	DRIVE								1 1100(11101			
	(Street)			(Check all applicable)		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 						
BROOKFIELD, WI 53045					Director 10% Owner X_Officer Other (give title below) (specify below) Chief Financial Officer							
(City)	(State)	(Zip)	Tab	ole I - N	Non-Derivative Securities Beneficially Owned							
1.Title of Securi (Instr. 4)	ty		Ben	amount of eficially (tr. 4)	Securities Owned	Form Direc	ership a: ct (D) direct	4. Nat Owne (Instr.	rship	rect Beneficial		
		te line for ea	ch class of securities	s beneficia	ally SE	EC 14'	73 (7-02)					
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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Deriva (Instr. 4)	ative Security	Expii	te Exercisable and ration Date 'Day/Year)	Securitie	and Amount of es Underlying ve Security	C o: P	Conversion r Exercise Price of	e Fo De	wnership orm of erivative	6. Nature of Inc Beneficial Owr (Instr. 5)		
			Dentiretten			D	Derivative	Se	curity:			

Security

Amount or

Number of

Shares

Direct (D)

or Indirect

(Instr. 5)

(I)

Date

Exercisable

Expiration

Title

Date

2005

0.5

Estimated average burden hours per

response...

Reporting Owners

Reporting Owner Name / Address	Relationships							
L O	Director	10% Owner	Officer	Other				
Hau Robert W. 255 FISERV DRIVE BROOKFIELD, WI 53045	Â	Â	Chief Financial Officer	Â				
Signatures								
/s/ Lynn S. McCreary (attorney-in-fact)	03/16/2016							
**Signature of Reporting Person								

Explanation of Responses:

No securities are beneficially owned

* If the form is filed by more than one reporting person, see Instruction 5(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).

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.