

FISERV INC

Form 4

February 21, 2014

FORM 4
UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

Check this box
if no longer
subject to
Section 16.
Form 4 or
Form 5
obligations
may continue.
See Instruction
1(b).

**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
30(h) of the Investment Company Act of 1940

OMB APPROVAL

OMB
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(Print or Type Responses)

1. Name and Address of Reporting Person *
McCreary Lynn S.

(Last) (First) (Middle)

255 FISERV DRIVE

(Street)

BROOKFIELD, WI 53045

(City) (State) (Zip)

2. Issuer Name **and** Ticker or Trading
Symbol
FISERV INC [FISV]

3. Date of Earliest Transaction
(Month/Day/Year)
02/19/2014

4. If Amendment, Date Original
Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to
Issuer

(Check all applicable)

____ Director ____ 10% Owner
__X__ Officer (give title below) ____ Other (specify below)

EVP, General Counsel

6. Individual or Joint/Group Filing(Check
Applicable Line)
__X__ Form filed by One Reporting Person
____ Form filed by More than One Reporting
Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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)
Common Stock	02/19/2014		A	(A) or (D) 3,511 (1)	\$ 0	26,899 (2)	D

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
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SEC 1474
(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)

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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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 56.97	02/19/2014		A		10,655		02/19/2015 ⁽³⁾	02/19/2024	Common Stock	10,655
Stock Option (right to buy)	\$ 40.35 ⁽²⁾							02/20/2014 ⁽³⁾	02/20/2023	Common Stock	8,756 ⁽²⁾
Stock Option (right to buy)	\$ 32.64 ⁽²⁾							02/22/2013 ⁽³⁾	02/22/2022	Common Stock	9,748 ⁽²⁾
Stock Option (right to buy)	\$ 30.86 ⁽²⁾							02/23/2012 ⁽³⁾	02/23/2021	Common Stock	8,780 ⁽²⁾
Stock Option (right to buy)	\$ 25.35 ⁽²⁾							03/15/2011	03/15/2020	Common Stock	9,000 ⁽²⁾

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
McCreary Lynn S. 255 FISERV DRIVE BROOKFIELD, WI 53045			EVP, General Counsel	

Signatures

Lynn S.
McCreary

02/21/2014

 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).

- (1) One-third of these restricted stock units vest on the second, third and fourth anniversaries of the grant date.
- (2) Adjusted to reflect the two-for-one split of Fiserv, Inc. common stock distributed on December 16, 2013 to holders of record on December 2, 2013.
- (3) One-third of these options vest on each anniversary of the grant date.

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.