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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Bisignano Frank					2. Issuer Name and Ticker or Trading Symbol FISERV INC [FISV]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
		_				-										Offic	ctor er (give title	:		owner (specify	
(Last) (First) (Middle) 255 FISERV DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 08/15/2019									X Office (give title Other (spec below) below) President and COO							
(Street)						4.1	f Amen	dment,	Date	of Origi	nal Fil	ed (Month/Da	ıy/Year)		6. Inc		r Joint/Grou	up Filing	(Check A	Applicable	
	FIELD V	VI	5	3045											X		n filed by O	ne Repo	ting Per	son	
(City)	(\$	State)	(Z	Zip)												Form filed by More than One Reporting Person					
			Table	e I - N	on-Deriv	ative	Sec	uritie	s Ac	quire	d, Di	sposed o	f, or E	Benefi	cially	y Own	ed				
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 an				Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
						Code	v	Amount	(A) o	Pric	e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)					
Common	Stock				08/05/2	019				G	V	3,932	D	\$(0.00	2,86	66,556	Г			
Common	Stock				08/06/2	019				G	V	144	D	\$(0.00	2,86	66,412	Г			
Common Stock		08/15/2019				F		147,727(1)	D	\$10	2,718,		18,685	D							
Common	Stock															31,838		I		By Trust ⁽²⁾	
Common	Stock															83	3,160	I		By Trust ⁽³⁾	
Common	Stock															575 I				By Trust ⁽⁴⁾	
Common	Stock															7	,817	I		By Spouse	
Common Stock														4,602		I		See Footnote ⁽⁵⁾			
			Tal	ble II								oosed of, convertib				Owned					
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year)		ion Date,		saction e (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares		De Se (In	3. Price of Derivative Security (Instr. 5) Beneficia Owned Following Reported Transacti (Instr. 4)		ly Ov Fo Dii or (I)	vnership rm: ect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					

Explanation of Responses:

- 1. Reflects payment of tax liability by withholding securities incident to vesting of restricted stock units.
- 2. Held by the Frank J. Bisignano 2016 Grantor Retained Annuity Trust.
- 3. Held by the Frank J. Bisignano 2017 Grantor Retained Annuity Trust.
- 4. Held by a revocable trust.
- 5. These shares are held in accounts for the benefit of the Reporting Person's children.

Remarks:

/s/ Lynn S. McCreary (attorney-in-fact)

08/19/2019

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.