FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

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

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*  Simons Dovide					2. Issuer Name <b>and</b> Ticker or Trading Symbol FISERV INC [FISV]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
<u>Simons Doyle</u>							-	-					X Directo	r		10% Ov	/ner
					3. Date of Earliest Transaction (Month/Day/Year) 06/30/2019								Officer below)	(give title		Other (s below)	pecify
					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
(Street) BROOKFII	ELD WI	53	045									Line	,	iled by One	e Repo	rting Persor	n
				-									Form f Persor		e than	One Repor	ting
(City)	(State) (Zip)																
		Table	I - Non-Deri	ative	Sec	urities	s Acq	uired, D	isp	osed of	f, or Ber	neficiall	y Owned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5)			d (A) or r. 3, 4 and	5. Amou Securitie Benefici Owned I Reporte	es For ally (D) Following (I) (		Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	,	Amount	(A) or (D)	Price	Transac (Instr. 3	tion(s)			(30. 4)
		Та	ble II - Deriva (e.g., ۱					ired, Dis					Owned			,	
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)		on of		6. Date Exercisable a Expiration Date (Month/Day/Year)		е	and 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi t (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares					
Deferred Compensation Notional	(1)	06/30/2019		A		283		(1)		(1)	Common Stock	283	\$91.16 <sup>(1)</sup>	39,16	1	D	

## Explanation of Responses:

1. These deferred compensation notional units were allocated under the Fisery, 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 June 30, 2019 in respect of \$25,750 of deferred compensation. 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 last business day prior. On June 28, 2019, the closing price of Fiserv's common stock was \$91.16 per share. Following cessation 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.

## Remarks:

/s/ Lynn S. McCreary (attorneyin-fact) 07/01/2019

\*\* 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.