FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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ı	OIVID APPROVAL								
l	OMB Number:	3235-0287							
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l	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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person* Simons Doyle					2. Issuer Name <b>and</b> Ticker or Trading Symbol FISERV INC [FISV]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
													X Directo	r		10% Ow	ner	
(Last) (First) (Middle) 255 FISERV DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 12/31/2018									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) BROOKFIELD WI 53045			045									- 1	Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting					
(City) (State) (Zip)			o)										Person					
		Table	I - Non-Deriv	ative :	Secu	ırities	Acq	uired, Di	spose	d of	f, or Ben	eficial	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)					es ally Following	Form (D) or	Ownership rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code V	Amo	unt	(A) or (D)	Price	Reported Transact (Instr. 3	tion(s)			(Instr. 4)	
		Та	ble II - Deriva (e.g., p					ired, Dis <sub>l</sub> options,					Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date Exe (Month/Day/Year) if ar	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)		and	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e   C s   I lly   I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)		Date Exercisable	Expira Date	ıtion	Title	Amount or Number of Shares						
Deferred Compensation Notional	(1)	12/31/2018		A		351		(1)	(1)	)	Common Stock	351	\$73.49 <sup>(1)</sup>	38,58	6	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 December 31, 2018 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 December 31, 2018, the closing price of Fiserv's common stock was \$73.49 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) 01/03/2019

\*\* 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.