FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasnington, D.C. 20049	OMB APPR	OVA
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	323

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	OMB Number:	3235-0287
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	hours ner resnonse.	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

1. Name and Address of Reporting Person* RENWICK GLENN M				2. Issuer Name and Ticker or Trading Symbol FISERV INC FISV							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
REINWICK GLEINN IVI								-				2	Directo	r		10% Ov	/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	
233 HOLKY BRIVE				4 If Δ	4. If Amendment, Date of Original Filed (Month/Day/Year)							6 In	6. Individual or Joint/Group Filing (Check Applicable					
(Street) BROOKFII	ELD WI	53	045		- I / Ancidential, Bate of Original Free (Monta/Bay/ rear)			Line					1					
(City)	(State	e) (Zip	D)										1 61301					
		Table	I - Non-Deriv	/ative	Secu	urities	s Acq	uired, C	Disp	osed of	f, or Ber	eficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			saction Day/Year	Execution Date,		3. Transaction Code (Instr. 3, 4) 5) 8) 4. Securities Acquired (A) 10 Disposed Of (D) (Instr. 3, 4) 5)				es For ally (D) following (I) (Form (D) or	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership					
						Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)			
		Та	ble II - Deriva (e.g., ۱							sed of, onvertib			Owned			,		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	nversion Date Exercise (Month/Day/Year) Exercise (of ce of rivative (Month/Day/Year) Execution Date, if any (Month/Day/Year) Transaction Of Code (Instr. Securities Securities Acquired Acquired Acquired Code (Instr. Securities Code (6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)			f g Security	8. Price of Derivative Security (Instr. 5)		e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)						
				Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amount or Number of Shares						
Deferred Compensation Notional Units	(1)	12/31/2018		A		759		(1)	1	(1)	Common Stock	759	\$73.49 ⁽¹⁾	45,19	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 December 31, 2018 in respect of \$55,750 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 (attorney-01/03/2019 in-fact)

** 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.