FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

UNIB A	APPROVAL

OMB Number:	3235-0287							
Estimated average burden								
hours por rosponso:	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* ROBAK KIM M					2. Issuer Name and Ticker or Trading Symbol FISERV INC [FISV]							(Che	elationship o eck all applic	able)	y Pers	on(s) to Issu 10% Ow		
(Last) MUELLER	(First)	`	ddle)		3. Date of Earliest Transaction (Month/Day/Year) 09/30/2017								Officer below)	(give title		Other (s _l below)	pecify	
530 SOUTH 13TH STREET, SUITE 110				4. If A	If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)	NE	68.	508							Line	X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(State	e) (Zip))															
		Table	I - Non-De	rivative	Secu	urities	s Acq	uired, Di	spos	ed of	f, or Ben	eficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transar Date (Month/Da					Execution Date,		3. Transaction Disposed Of (D) (Instr. 3, 4) Code (Instr. 8)				5. Amour Securitie Beneficia Owned F	s Formally (D) (Sollowing (I) (II)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code V	Am	ount	(A) or (D) Price		Reported Transact (Instr. 3 a	ction(s)		1	Instr. 4)		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	Code		ion of		6. Date Exercisabl Expiration Date (Month/Day/Year)		e Amount of		f g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v			Date Exercisable	Expir Date	ration	Title	Amount or Number of Shares						
Deferred Compensation Notional Units	(1)	09/30/2017		A		115		(1)	(1	1)	Common Stock	115	\$128.96 ⁽¹⁾	7,818	3	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 September 30, 2017 in respect of \$\frac{1}{2}\$ fixed by dividing the amount of 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 September 29, 2017, the closing price of Fiserv's common stock was \$128.96 per share. Upon termination 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-10/02/2017 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.