SEC Form 4	
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

FORM 4

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* OLEARY DENIS				2. Issuer Name and Ticker or Trading Symbol FISERV INC [FISV]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
ULEARY	DENIS													2	C Directo	r		10% Ow	ner
(Last)	(First) (Mi	iddle)		3. Date of Earliest Transaction (Month/Day/Year) 03/31/2020								Officer below)	(give title		Other (s below)	pecify		
	V DIGVE				4. If Amendment, Date of Original Filed (Month/Day/Year)							6 In	dividual or .1	oint/Groun	Filina	(Check Ann	licable		
(Street)						anena	nent, Di		ongina	neu	(monal/baj	y/reary		Line	. Individual or Joint/Group Filing (Check Applicable ine)				
BROOKFIE	ELD WI	53	045											2	Form filed by One Reporting Person			1	
,			0.0												Form fi Person		re than	One Report	ting
(City)	(State	e) (Zij	p)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transa Date (Month/E			Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (/ Disposed Of (D) (Instr. 3 5)					Securitie Beneficia Owned F	Securities Beneficially Owned Following		: Direct I r Indirect I str. 4) (7. Nature of Indirect Beneficial Ownership (Instr. 4)					
									Code	v	Amount	(A) (D)	or	Price	Transaction(s)				insu. 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. Deer Executio if any (Month/E		Transaction Code (Instr. 2) 8) 4 ((5. Nun of Deriva Securi Acquin (A) or Dispos of (D) (Instr. and 5)	ative ities red sed 3, 4	6. Date E Expiratio (Month/D	on Dat		7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivativ Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

(1)

or

1. These deferred compensation notional units were allocated under the Fiserv, 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 March 31, 2020 in respect of \$29,500 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 March 31, 2020, the closing price of Fiserv's common stock was \$94.99 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.

Date

Exercisable

(1)

(D)

(A)

311

v

Code

A

Remarks:

Deferred Compens

Notional Units

> /s/ Lynn S. McCreary (attorney-04/02/2020

Number

Shares

311

\$94.99⁽¹⁾

37,927

D

of

<u>in-fact)</u>

Title

Commo

Stock

Expiration

(1)

Date

** 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).

03/31/2020

** 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.