FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| 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

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

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* Schultz Kevin J | | | | | | 2. Issuer Name and Ticker or Trading Symbol FISERV INC [FISV] | | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|---|---|--|---|-------|--|--|---|-----|--------------------------------|---------------------------------------|----------|--|-------------|----------------------|--|---|----------------|--|--|------------|--|
| (Last) (First) (Middle) 255 FISERV DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/19/2019 | | | | | | | | | | Officer (below) | (give title | Other (specify below) | | pecify | |
| (Street) BROOKFIELD WI 53045 | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (City) (State) (Zip) | | | | | Person | | | | | | | | | | | | | | | | |
| | | Та | ble I - No | | | _ | | | 4cqı | - | Disp | | - | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans. Date (Month/II | | | | | saction /Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transactio Code (Inst | | | rities Acquired (A) or ed Of (D) (Instr. 3, 4 and | | Beneficia Owned F | s Illy ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | | Code | / | Amount | | (A) or (D) | Price | Reported Transacti (Instr. 3 a | on(s) | | | (Instr. 4) | |
| Common Stock 02/19 | | | | | 19/20 | 19 | | | | F | | 276 ⁰ | (1) | D | \$85.62 | 9,0 | 9,077 | | D | | |
| | | | Table II - | | | | | | | red, Di | | | | | | 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 E if any (Month/Day | oate, | 4. Transaction Code (Instr. 8) | | of I | | Expi | ate Exerci ration Da nth/Day/Ye | e and | 7. Title and Amount of Securities Underlying Derivativ Security (Instr. 3 and 4) | | s Derivative | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exer | cisable | Ex Da | piration te | Title | | Amount or lumber of Shares | | | | | | |
| Employee Stock Option (right to buy) | \$69.9 ⁽²⁾ | | | | | | | | 02/2 | 1/2019 ⁽³⁾ | 02 | /21/2028 | Comi Sto | | 26,786 ⁽²⁾ | | 26,78 | 6 | D | | |
| Employee Stock Option (right to buy) | \$56.91 ⁽²⁾ | | | | | | | | 02/2 | 2/2018 ⁽³⁾ | 02 | /22/2027 | Comi Sto | | L0,754 ⁽²⁾ | | 10,75 | 4 | D | | |
| Employee Stock Option (right to buy) | \$48.33 ⁽²⁾ | | | | | | | | 02/ | 19/2017 | 02 | /19/2026 | Comi Sto | | 23,940(2) | | 23,94 | 0 | D | | |
| Employee Stock Option (right to | \$34.93 ⁽²⁾ | | | | | | | | 11/ | 12/2017 | 11. | /12/2024 | Comi | | 25,932 ⁽²⁾ | | 25,93 | 2 | D | | |

Explanation of Responses:

- 1. Reflects payment of tax liability by withholding securities incident to vesting of restricted stock units.
- 2. Adjusted to reflect the two-for-one split of Fiserv, Inc. common stock distributed on March 19, 2018 to holders of record on March 5, 2018.
- 3. One-third of these options vest on each anniversary of the grant date.

Remarks:

buy)

/s/ Lynn S. McCreary (attorney-02/21/2019 in-fact)

Date

** Signature of Reporting Person

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.