Instruction 1(b)

## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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STATEMENT	<b>OF CHANGES IN</b>	BENEFICIAL	<b>OWNERSHIP</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* Kim John Y						2. Issuer Name and Ticker or Trading Symbol <u>FISERV INC</u> [FISV]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) 255 FISER	(First	) (Mi	iddle)		3. Date of Earliest Transaction (Month/Day/Year) 06/30/2019									Director Officer ( below)	(give title		Other ( below)				
(Street) BROOKFII (City)	ELD WI (State		045 p)		4. If Ame	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transau Date (Month/Data)					Execution Date,			3. Transaction Code (Instr.4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)8)				4 and Securities Beneficially Owned Following			Form	Direct	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D)	Price	;	Reported Transacti (Instr. 3 a	ion(s)			(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   2.   3. Transaction Date   3A. Deemed Execution Date, (Month/Day/Year)					Transaction of			6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amount of Securities				f	D	Price of erivative ecurity	9. Numbe derivative Securitie	e	10. Ownership Form:	11. Nature of Indirect Beneficial			

Security (Instr. 3)	or Exercise Price of Derivative Security	(Month/Day/Year)	if any (Month/Day/Year)		8) Secu Acqu (A) o Disp of (D		r osed ) 1. 3, 4			Securities Underlying Derivative Security (Instr. 3 and 4)		Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Deferred Compensation Notional Units	(1)	06/30/2019		A		256		(1)	(1)	Common Stock	256	\$91.16 <sup>(1)</sup>	3,945	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 June 30, 2019 in respect of \$23,250 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 June 28, 2019, the closing price of Fiserv's common stock was \$91.16 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) 07/01/2019

\*\* 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.