FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPF	ROVAL							
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	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

Name and Address of Reporting Person*  McCroppy Lypp S						2. Issuer Name and Ticker or Trading Symbol FISERV INC [FISV]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
McCreary Lynn S.														Directo	r		10% Ow	ner	
		- ├-								_		(give title		Other (s	pecify				
(Last)	(F		3. Date of Earliest Transaction (Month/Day/Year)								below)	below)		below)					
(Last) (First) (Middle) 255 FISERV DRIVE							11/13/2019							Chief Legal Officer					
233 F131	ZIKV DIKIVI	Ŀ																	
		- <sub>4.</sub>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable								
(Street)							, , , , , , ,							Line)					
BROOKFIELD WI 53045														X Form filed by One Reporting Person					
														Form filed by More than One Reporting					
(City) (State) (Zip)														Persor	1				
(City)		naie)	(Ζιρ)																
		Tal	ole I - No	n-Der	ivativ	e Se	curi	ties Ac	quired	, Dis	sposed o	f, or Bei	neficial	ly Owned					
1. Title of Security (Instr. 3) 2. Transa												es Acquire		5. Amou				7. Nature of	
Date					Date (Month/Day/Year)			Execution Date, if any		Transaction Dispos		Of (D) (Inst	r. 3, 4 and	5) Securitie Benefici			or Indirect   E	Indirect Beneficial Ownership	
					(WOIIIII/Day/Te		(Month/Day/Year)				` <b> </b>			Owned F	ollowing (i) (li				
										Т		(A) or	1	Reported Transact			0	nstr. 4)	
									Code	l۷	Amount	(A) (I	Price	(Instr. 3					
Common Stock 11/1						/2019		М		18,000	A \$12.6		3 70,364		D				
6 6 1						2010				10.000		ф111 г	20 52	264		Б			
Common Stock 11/1					13/201	2019		S		18,000 D		\$111.	59 52	52,364		D			
			Table II -	Deriv	ative	Sec	uriti	es Aco	uired.	Disc	osed of,	or Bene	eficially	Owned					
											convertil								
1. Title of	2.	3. Transaction	3A. Deeme	м .	1		5 N	umber	6 Date F	verci	sable and	7. Title an	d Amount	8. Price of	9. Number	of	10.	11. Nature	
Derivative	Conversion	Date	Execution		Transa		ction of		Expiration Date			of Securities		Derivative	derivative		Ownership	of Indirect	
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/Da	v/Vear)	Code (   8)	Instr.			(Month/E	ay/Ye	ar)	Underlyin Derivative		Security (Instr. 5)	Securities Beneficially		Form: Direct (D)	Beneficial Ownership	
(Instr. 3) Price of Derivative Security (Month/Day/Year) 8							Acquired (A) or Disposed		(Instr. 3 and 4)					(111311.3)	Owned Following Reported			(Instr. 4)	
								of (D) (Instr.							Transaction(s)				
							3, 4 and 5)							_	(Instr. 4)				
													Amount	1					
													or Number						
							1		Date		Expiration		of						
					Code	٧	(A)	(D)	Exercisa	ble	Date	Title	Shares						
Employee																			
Stock Option	\$12.68	11/13/2019			M			18,000	03/15/20	11(1)	03/15/2020	Common	18,000	\$0.00	0		D		
(right to	\$12.00	11/13/2019			1V1			10,000	03/13/20	11, ,	03/13/2020	Stock	10,000	φυ.υυ			D		

## Explanation of Responses:

1. This option vested in three equal installments on March 15, 2011, 2012 and 2013.

## Remarks:

/s/ Robert W. Hau (attorney-in-

fact)

\*\* Signature of Reporting Person

Date

11/15/2019

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.