

VIELEHR BYRON C
Form 4
February 21, 2019

FORM 4

**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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
VIELEHR BYRON C

(Last) (First) (Middle)
255 FISERV DRIVE

(Street)

BROOKFIELD, WI 53045

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
FISERV INC [FISV]

3. Date of Earliest Transaction (Month/Day/Year)
02/19/2019

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

___ Director ___ 10% Owner
X Officer (give title below) ___ Other (specify below)
Chief Administrative Officer

6. Individual or Joint/Group Filing(Check Applicable Line)
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. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
Common Stock	02/19/2019		F	(A) or (D) D	1,945 \$ 85.62	(2) (3) D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 69.9 ⁽³⁾					02/21/2019 ⁽⁴⁾	02/21/2028	Common Stock	66,966 ⁽³⁾
Employee Stock Option (right to buy)	\$ 56.91 ⁽³⁾					02/22/2018 ⁽⁴⁾	02/22/2027	Common Stock	26,882 ⁽³⁾
Employee Stock Option (right to buy)	\$ 48.33 ⁽³⁾					02/19/2017	02/19/2026	Common Stock	38,302 ⁽³⁾
Employee Stock Option (right to buy)	\$ 39.53 ⁽³⁾					02/18/2016	02/18/2025	Common Stock	102,282 ⁽³⁾
Employee Stock Option (right to buy)	\$ 27.48 ⁽³⁾					12/01/2015	12/01/2023	Common Stock	233,784 ⁽³⁾

Reporting Owners

Reporting Owner Name / Address

Relationships

VIELEHR BYRON C
255 FISERV DRIVE
BROOKFIELD, WI 53045

Director 10% Owner Officer Other

Chief Administrative Officer

Signatures

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

02/21/2019

__Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
- (1) Reflects payment of tax liability by withholding securities incident to vesting of restricted stock units.
- (2) Includes 350 shares acquired under the Fiserv, Inc. Employee Stock Purchase Plan.
- (3) 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.
- (4) One-third of these options vest on each anniversary of the grant date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.