

COX JAMES W  
Form 4  
March 02, 2009

**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 \*  
COX JAMES W

(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)  
02/26/2009

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

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

\_\_\_\_ Director \_\_\_\_\_ 10% Owner  
 Officer (give title below) \_\_\_\_\_ Other (specify below)  
EVP - Corporate Development

6. Individual or Joint/Group Filing(Check Applicable Line)  
 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)
			Code	V	Amount (A) or (D) Price		
Common Stock - par value \$0.01	02/26/2009		A		2,826 (1) \$ 0	D	187,073

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

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(9-02)

**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 (Instr. 8)	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)	Amount or Number of Shares
Stock option (right to buy)	\$ 32.74	02/26/2009		A	22,364	02/26/2010 <sup>(2)</sup> 02/26/2019	Common Stock	22,364
Stock option (right to buy)	\$ 54.21	02/26/2009		A	3,228 <sup>(3)</sup>	02/26/2011 <sup>(4)</sup> 02/27/2018	Common Stock	3,228

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
COX JAMES W 255 FISERV DRIVE BROOKFIELD, WI 53045			EVP - Corporate Development	

## Signatures

/s/ Charles W. Sprague  
(attorney-in-fact) 03/02/2009

\*\*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) One-third of these restricted stock units vest on the second anniversary of the grant date and an additional one-third will vest on each of the third and fourth anniversaries of the grant date.
- (2) One-third of these options vest on each anniversary of the grant date.
- (3) On February 27, 2008, the reporting person was granted an option to purchase 13,836 shares of common stock. The options vest in 2011 subject to Fiserv's achievement of annual or cumulative cost synergy goals and annual or cumulative internal revenue growth goals. The performance criteria with respect to the cost synergy goal for 2008 was achieved. Accordingly, 7/30 of the award was earned.
- (4) The options will vest and become exercisable on the date in 2011 that the compensation committee certifies whether the 2010 and cumulative performance criteria have been satisfied.

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.