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MUMA LES Form 4	LIE M												
January 03, 2	.006												
FORM	1										OMB	APPROVAL	
	UNITED	STATES				ND EX(D.C. 20:		NGE	COMMISSIO		OMB Number:	3235-028	37
Check this if no long									Expires:	January 3			
subject to Section 16 Form 4 or Form 5	F CHAN	SEC	UR	F I	Expired: 200 Estimated average burden hours per response 0								
obligation may conti <i>See</i> Instru 1(b).	$\frac{1}{1}$ Section 17(a)	a) of the l		tility H	Iold	ing Con	ipany	Act	ge Act of 1934 of 1935 or Sect 940				
(Print or Type R	esponses)												
1. Name and Address of Reporting Person <u>*</u> MUMA LESLIE M			2. Issuer Name and Ticker or Trading Symbol FISERV INC [FISV]					ng	5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle)			3. Date of Earliest Transaction						(Check all applicable)				
255 FISERV DRIVE			(Month/Day/Year) 12/29/2005						X_ Director 10% Owner Officer (give title Other (specify below) below)				
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
BROOKFIE	LD, WI 53045								Person	y 10101	e than one	Reporting	
(City)	(State)	(Zip)	Tabl	e I - No	on-De	erivative	Secur	ities Ao	equired, Disposed	of, o	r Benefici	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deen Executior any (Month/D	n Date, if	Code		4. Securities nAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) P.) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Forr (D) Indi	Ownership Form: Direct D) or ndirect (I) Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock - \$0.01 par value	12/29/2005			G		456	D	\$ 0	417,444	D			
Common Stock - \$0.01 par value									30,850	Ι		By Muma Family Foundation Inc.	

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

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information contained in this form are not
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(9-02)

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displays a currently valid OMB control number.

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	 6. Date ExercisationNumber functionNumber functionNumber functionDate functionNotative functionNotative		ate	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
MUMA LESLIE M 255 FISERV DRIVE BROOKFIELD, WI 53045	Х								
Signatures									
Thomas J. Hirsch (attorney-in-fact)		01/03/2006							
<u>**</u> Signature of Reporting Person		Date							
Explanation of Responses:									

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).

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.