FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average b | urdon | | | | | | | | |

0.5

hours per response:

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

| | | | | | 01 0 | JCCII | 011 30(1 | i) or tile | IIIVCSIII | CIII C | mpany Act | 01 13 | +0 | | | | | | | |
|--|---|--|----------|--------------------------|---|---|----------|--|--|--------|--|---|---------------|--------------------------|--|---------|---|--|---|--|
| 1. Name and Address of Reporting Person* <u>Boeding Donald</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol Vantiv, Inc. [VNTV] | | | | | | | | | | | olicable) | • | | |
| (Last) (First) (Middle) C/O VANTIV, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/21/2012 | | | | | | | | | | belov | , | Other (specify below) rchant Services | | |
| 8500 GOVERNOR'S HILL DRIVE (Street) CINCINNATI OH 45249-1384 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 03/23/2012 | | | | | | | | | i. Indivine) | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | Person | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Se | curiti | es Ac | quire | d, Di | sposed c | f, o | r Ber | efici | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Exe ay/Year) if ar | | 2A. Deemed Execution Date, f any Month/Day/Year) | | Cod | Transaction Disp Code (Instr. 5) | | Securities Acquired (A) isposed Of (D) (Instr. 3, 4) | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Cod | v | Amount | | (A) or (D) | Pric | e | Transa | action(s) 3 and 4) | | | (msu. 4) |
| Class A Common Stock 03/21 | | | | 03/21 | /2012 | | | | F | | 52,499 | (1) | D | \$ | 17 | 356,675 | | D | | |
| Class A Common Stock 03/21/2 | | | | | /2012 | ! | | | A | | 13,328(1) | | A | \$0 | | 13,328 | | I | | See Footnote 2 ⁽²⁾ |
| | | Та | | | | | | | | | osed of, convertib | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | e (Month/Day/Year) if any (Month/Day/Year) | | n Date, ay/Year) _ | | ransaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ivative urities uired or oosed O) tr. 3, 4 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | nstr. 3 nount mber | unt ber | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form: Direct or Ind (I) (Ins | (D) rect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

- 1. The reporting person's original Form 4 incorrectly attributed a forfeiture of 4,968 shares of the Donald R. Boeding Retained Annuity Trust. The forfeited shares were owned directly by the reporting person.
- 2. By the Donald R. Boeding Retained Annuity Trust dated March 20, 2012.

<u>Luke Frutkin, attorney-in-fact</u> for Donald Boeding

05/02/2012

** 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.