| SEC For | rm 4 | | | | | | | | | | | | | | | | |
|--|---|--|---|--|--|---|---|-------------------|--|------------------------|-----------------------------|----------------------------------|---|--|---------|--|---|
| FORM 4 | | | UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549 | | | | | | | | | | | | OMB | APPRO | VAI |
| Section obligat | this box if no lo n 16. Form 4 or ions may contin tion 1(b). | STAT | STATEMENT OF CHANGES IN BENEFICIAL OWNE Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | ΙP | Estim | OMB Number: 3235-024 Estimated average burden | | 3235-0287 | |
| 1. Name and Address of Reporting Person [*] HUGHES KEITH W | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>CERTEGY INC</u> [CEY] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify | | | | wner |
| (Last) (First) (Middle) 2801 TURTLE CREEK BOULEVARD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/11/2005 | | | | | | | | below) | ive the | | below) | shecily |
| (Street) DALLAS TX | | | 75219 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 04/01/2005 | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | |
| | | - | Table I - Non | -Deriva | ative S | Securities | Ac | quired, I | Dis | posed o | f, or Ber | neficially | Owned | | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispo | | 4. Securit Disposed | ies Acquire Of (D) (Inst | d (A) or tr. 3, 4 and 5) | or 5. Amount o and 5) Securities Beneficially Owned Follo Reported | | Form: | Direct Indirect tr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | Code | v | Amount | (A) oi (D) | r Price | Transaction(s) (Instr. 3 and 4) | | | | (|
| | | | Table II - I (| | | ecurities A alls, warra | | | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date | | Code (Instr. | | 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) | | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisab | ole | Expiration Date | Title | Amount or Number of Shares | | Transac (Instr. 4) | tion(s) | | |
| Phantom Stock | \$0 ⁽¹⁾ | 04/01/2005 | | A | | 259.9653 ⁽²⁾ | | (3) | | (3) | Common Stock | 259.9653 | \$ \$34.62 | 1,610 | .675 | D | |

Explanation of Responses:

1. The phantom stock converts into common stock on a one-for-one basis.

2. The number of derivative securities previously reported was incorrect.

3. The units are to be settled 100% in cash upon the reporting person's election to distribute the funds in a lump sum upon termination of service.

 Marcia R. Glick, as Attorney-in

 Fact for Keith W. Hughes

 pursuant to a Power of Attorney

 on file

 ** 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.