FORM 4

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* HUNT DAVID K (First) (Middle) | | | | | | 2. Issuer Name and Ticker or Trading Symbol Fidelity National Information Services, Inc. [FIS] | | | | | | | | neck all appli X Directo | or (give title | | son(s) to Issuer 10% Owner Other (specify below) | |
|--|---|--|---|---------|------------------------------|--|------------------------------|------------------------------|---|--|----------------------|--|--|---|--|----------------|--|--|
| (Last) (First) (Middle) FIDELITY NATIONAL INFORMATION SERVICES | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/23/2016 | | | | | | | | below) | | | belowy | |
| 601 RIVERSIDE AVENUE | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) JACKSONVILLE FL 32204 | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | |
| | | Tak | ole I - No | n-Deri | vativ | e Se | curit | ies Ac | quired | , Dis | sposed o | f, or Be | neficia | ly Owned | l | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/L | | | | | ar) E | any | med on Date, Day/Year) | 3. Transa Code (8) | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | | Benefic Owned | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) |
| Common Stock 05/23/2 | | | | | 3/2016 | 016 | | | М | | 14,738 | A | \$27. | L 49 | 49,705 | | D | |
| Common Stock 05/23/2 | | | | | 3/2016 | .016 | | | S | | 14,738 | D | \$72.54 | 34,967 | | | D | |
| Common Stock | | | | | | | | | | | | | | 1,500 | | | I | By Wife |
| | | | Table II | | | | | | | | osed of, converti | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D | n Date, | 4. Transa Code (8) | | n of | | 6. Date Exercis Expiration Date (Month/Day/Ye | | te | 7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Option (Right to | \$27.1 | 05/23/2016 | | | M | | | 14,738 | 10/29/20 | 013 | 10/29/2017 | Common Stock | 14,738 | \$0 | 0 | | D | |

Explanation of Responses:

1. The transaction was executed in multiple trades at prices ranging from \$72.52 to \$72.61. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer, or any security holder of the issuer, full information regarding the shares sold at each separate price.

> /s/ Marc M. Mayo, attorney-in-<u>fact</u>

05/24/2016

** 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.