SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

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

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* | | suer Name and Ticke | | ymbol on Services, Inc. | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | |
|--|--|-----------------------------------|----------------|----------------------------|---|----------------------------|----------------|---------------|--|--|--|--|--|
| <u>STIEFLER JEFFREY E</u> | | IS] | | | X | Director | 10% 0 | Owner | | | | | |
| (Last) (First) (Middl 601 RIVERSIDE AVE | e) 3. D | ate of Earliest Transa 07/2020 | ction (Month/I | Day/Year) | | Officer (give title below) | Other below | (specify) | | | | | |
| (Street) JACKSONVILLE FL 3220 (City) (State) (Zip) | | Amendment, Date of | 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 Person | | | | | | | | |
| Table I - | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | 2. Transaction | 2A. Deemed | 3. | 4. Securities Acquired (A |) or | 5. Amount of | 6. Ownership | 7. Nature | | | | | |

| | Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Code (| | | | | Securities Beneficially Owned Following Reported | Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect Beneficial Ownership (Instr. 4) |
|--------------|--------------------------|---|--------|---|--------|---------------|-------|---|---|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common Stock | 08/07/2020 | | М | | 1,100 | Α | \$0 | 1,100 | D | |
| Common Stock | | | | | | | | 29,488 | Ι | By Trust |

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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deri Secu Acq (A) o Disp of (E | osed)) tr. 3, 4 | Expiration Date (Month/Day/Year) | | r) Amount of Securities | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|---|------------------------|-------------------------------------|--------------------|-------------------------|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Restricted Stock Units | \$0.0 ⁽¹⁾ | 08/07/2020 | | М | | | 1,100 | 08/08/2020 | (2) | Common Stock | 1,100 | \$0 | 0 | D | |

Explanation of Responses:

1. Each restricted stock unit represents a contingent right to receive one share of FIS common stock.

2. The restricted stock units vested in full on August 8, 2020.

Remarks:

<u>/s/ Charles H. Keller, attorney-</u> in-fact for Jeffery E. Stiefler

** 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.