FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL									
OMB Number: 3235-01									
Estimated average burden									
hours per response	e: 0.5								

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* ADVENT INTERNATIONAL GPE VI-G LP			2. Date of Event Requiring Staten Month/Day/Year 03/21/2012	atement Vantiv, Inc. [VNTV]							
(Last) (First) (Middle) C/O ADVENT INTERNATIONAL					4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owne Officer (give title V Other (sper		er	(Month/Day/Year)			
CORPORATION 75 STATE STREET, 29TH FLOOR					Member of Group >10%			, o.i.y	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		
(Street) BOSTON	MA	02109								Form filed by Reporting Po	y More than One erson
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Class A Common Stock						4,271,152	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Expiration I			2. Date Exerc Expiration Day/\ (Month/Day/\	ate		3. Title and Amount of Securit Underlying Derivative Securit		4. Conversion or Exercise Price of		5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration Date		Title	Amount or Number of Shares	Deriva: Securi	tive	or Indirect (I) (Instr. 5)	

Explanation of Responses:

Remarks:

/s/ Jarlyth H. Gibson, Compliance Officer 03/21/2012

** Signature of Reporting Person Date

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

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.

^{*} If the form is filed by more than one reporting person, see Instruction 5 (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).