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 bu | rden      |  |  |  |  |  |  |  |  |  |  |

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

hours per response: 0.5

| 1. Name and Address of Reporting Person*  GAPEN RICHARD D  |  |  |   |       |   | 2. Issuer Name and Ticker or Trading Symbol CERTEGY INC [ CEY ] |        |              |                                       |         |                  |          |             |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  Officer (give title below)                                      |                |  |   |             |  |
|--|--|--|---|-------|---|---|--------|--------------|---------------------------------------|---------|------------------|----------|-------------|---|--|----------------|--|---|-------------|--|
| (Last) (First) (Middle) 100 2ND AVENUE SOUTH SUITE 1100S   |  |  |   |       |   | 3. Date of Earliest Transaction (Month/Day/Year) 02/04/2005     |        |              |                                       |         |                  |          |             |   | Corporate VP Human Resources   |                |  |   |             |  |
| (Street) ST. PETERSBURG FL 33701   |  |  |   |       | 4. 1                                    | 4. If Amendment, Date of Original Filed (Month/Day/Year)        |        |              |                                       |         |                  |          |             |   | 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-Derivative Securities Acquired, Disposed of, or Beneficially Owned |  |   |       |   |   |        |              |                                       |         |                  |          |             |   |  |                |  |   |             |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)  |  |  |   |       | Execution Date                          |   | Date,  | Code (Instr. |                                       |         |                  |          |             | Securitie<br>Beneficia<br>Owned F                   | Securities Form<br>Beneficially (D)  |                | : Direct<br>r Indirect<br>str. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |             |  |
|  |  |  |   |       |   |   |        |              |                                       | v       | Amount           | (A<br>(D | ) or<br>)   | Price   |  |                | Transact   |   | (111341. 4) |  |
| Common Stock 02/04/  |  |  |   |       | 4/200                                   | /2005   |        | A            |                                       | 3,571 A |                  | \$0      | 24,         | 24,411  |  | D              |  |   |             |  |
| Common Stock   |  |  |   |       |   |   |        |              |                                       |         |                  |          |             | 2,819.89  |  |                | I  | By<br>401(K)<br>Plan  |             |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |  |   |       |   |   |        |              |                                       |         |                  |          |             |   |  |                |  |   |             |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security            | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution I<br>if any<br>(Month/Day | Date, | 4.<br>Transaction<br>Code (Instr.<br>8) |   |        |              | 6. Date Ex<br>Expiration<br>(Month/Da | Date    | of Securities    |          | ecurity     | 3. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Numbe<br>derivative<br>Securities<br>Beneficia<br>Owned<br>Following<br>Reported<br>Transacti<br>(Instr. 4)                                     | e<br>s<br>Illy | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>tt (Instr. 4)                          |             |  |
|  |  |  |   |       | Code                                    | v   | (A)    | (D)          | Date<br>Exercisab                     |         | xpiration<br>ate | Title    | 0<br>N<br>0 | lumber  |  |                |  |   |             |  |
| Employee<br>Stock<br>Option  | \$35.24  | 02/04/2005                                 |   |       | A                                       |   | 11,626 |              | (1)                                   | 0       | 2/04/2012        | Commo    |             | 1,626   | \$0  | 11,62          | 6  | D   |             |  |

## **Explanation of Responses:**

1. The option vests 25% on each of the four anniversaries following the date of grant.

Marcia R. Glick, as Attorney in Fact for Richard D. Gapen 02/07/2005 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.