| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
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| Estimated average burden | | | | | | | | | |

Foundation

| hours per response: | 0.5 |
|------------------------------|-----|
| Estimated average burden | |

| 1. Name and Address of Reporting Person* FOLEY WILLIAM P II | | | 2. Issuer Name and Ticker or Trading Symbol Fidelity National Information Services, Inc. | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|---|-------------|--|--|----------|---|---------|--|------------------------|---------------|---|---|---|--|--|
| FOLEY WILLIAM P II | [FIS] | | | | | | | X Director | 1 | 10% Owner | | | | |
| (Last) (First) | | | | | | | | X Officer (give below) | | Other (specify below) | | | | |
| 601 RIVERSIDE AVENUE | , | 3. Date of Earliest Transaction (Month/Day/Year) 07/20/2011 | | | | | | | Exec.Chairman | | | | | |
| (Street) | | | 4. If Amendmer | nt, Date | of Oriç | ginal F | iled (Month/D | ay/Year) | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| JACKSONVILLE FL | 32204 | L | | | | | | | | X Form filed b | y One Reporting |) Person | | |
| (City) (State) | (Zip) | | | | | | | | | Form filed b Person | y More than One | e Reporting | | |
| | Table I - I | Non-Deriva | tive Securit | ies Ac | cquir | ed, C | Disposed o | of, or E | Benefici | ally Owned | | | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Ye | ar) 2A. Deemed Execution D if any (Month/Day | Date, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an 5) | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | |
| Common Stock | | 07/20/2011 | L | | F | | 14,625 | D | \$30.47 | 226,161 | D | | | |
| Common Stock | | | | | | | | | | 560,269 | I | Folco Development Corporation | | |
| Common Stock | | | | | | | | | | 155,238 | I | Foley Family Charitable | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | | | (5-, 1- | , . | , | | , | ••••••• | | | ·····, | | | | |
|---|---|--|---|------------------------------|---|-----|-----|--|---|-------|---|--|--|--|--|
| 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 | | 6. Date Exerc Expiration Da (Month/Day/Y | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 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 | | | | |

Explanation of Responses:

<u>/s/ Stacey A. Lombardi,</u> <u>attorney-in-fact</u>

07/22/2011

** 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.

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