Fidelity National Information Services, Inc.

Form 4

Common

Common

Stock

Stock

November 09, 2015

November (9, 2015												
FORM 4 UNITED STATES SECURITIES AND EVOLUNICE COMMISSION									OMB APPROVAL				
Washington, D.C. 20549								OMB Numbe	er:	3235-0)287		
if no lon subject t Section	Check this box if no longer subject to Section 16. Form 4 or Section 2 or Section 2 or Section 3 or Section 3 or Section 4 or							Expires: January 31 2005 Estimated average burden hours per response 0.5			£ .		
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940													
(Print or Type	Responses)												
1. Name and Address of Reporting Person * FOLEY WILLIAM P II 2. Issuer Name and Ticker or Trading Symbol Symbol Fidelity National Information (Clark)							Reporting Person(s) to						
		Services, Inc. [FIS]					(Check all applicable)						
(Last) 601 RIVER	3. Date of Earliest Transaction (Month/Day/Year) 11/05/2015				X Director 10% Owner Officer (give title below) Other (specify below)								
	4. If Amendment, Date 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								
JACKSON	VILLE, FL 3220	/ 4						Person					
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Secu	rities A	Acquired, Dispose	d of,	or Bene	ficially ()wned	
1.Title of Security (Instr. 3)	ecurity (Month/Day/Year) Execution Date, if			Code Disposed of (D)				Beneficially For Owned Dir Following or		rnership Inc rm: Be ect (D) Ov	Indirec Benefic	neficial vnership	
				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(I) (Ins	tr. 4)			
Common Stock	11/05/2015			A	2,677 (1)	A	\$0	198,173	D				
Common Stock								269	I		By W	ife	

Folco

160,269

155,238

I

I

Development

Foley Family

Charitable

Foundation

Corporation

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

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 control number.

SEC 1474 (9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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

 Title of 	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	nt of	Derivative	J
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	,
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)]
	Derivative				Securities	1		(Instr.	3 and 4)		(
	Security				Acquired]
					(A) or						J
					Disposed						-
					of (D)						(
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration	Title	Number		
						Exercisable	xercisable Date	of			
				Code V	(A) (D)				Shares		
				Code v	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			

FOLEY WILLIAM P II
601 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

Signatures

/s/ Marc M. Mayo, attorney-in-fact

11/09/2015

**Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- On November 5, 2015, the reporting person was granted performance-based restricted stock, which contain an annual performance (1) criteria and vest in three equal annual installments commencing on the first anniversary of the date of grant provided that the performance criteria is met each year.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to 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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