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 h | nurden | | | | | | | | |

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).

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* <u>HUGHES KEITH W</u> | | | <u>F</u> | 2. Issuer Name and Ticker or Trading Symbol Fidelity National Information Services, Inc. [FIS] | | | | | | | <u>c.</u> [(Ch | elationship ceck all applic | able) | erson(s) to Issi 10% Ov | | |
|--|--------------------|---|-----------------------------------|---|--|------------|--|---------------------|---|---|---|--|---|--|--|---|
| (Last) | (F ERSIDE AV | | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 09/28/2018 | | | | | Officer below) | (give title | Other (s below) | pecify | | | |
| (Street) JACKSC (City) |)NVILLE F | | 32204 (Zip) | 4. | If Ame | endment, [| Date o | f Original Fil | ed (M | /lonth/Da | y/Year) | Line | e) <mark>X</mark> Form fi | led by One Re led by More th | ng (Check App eporting Person an One Repon | 1 |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date | | | • | Execution Date, | | Date, | r, Transaction Dispose Code (Instr. | | | ities Acquired (A) or d Of (D) (Instr. 3, 4 ar | | Beneficia Owned F | Form lly (D) o ollowing (I) (In | rm: Direct or Indirect (Instr. 4) | 7. Nature of ndirect Beneficial Ownership | |
| | | | | | | | Code | , , | Amount | (A) o | r Price | Reported Transacti (Instr. 3 a | on(s) | | (Instr. 4) | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Exe Security or Exercise (Month/Day/Year) if ar | | 3A. Deemed Execution Date, if any (Month/Day/Year) | Date, Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 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 | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | piration te | Title | Amount or Number of Shares | | Transaction(: (Instr. 4) | | |
| Phantom Stock ⁽¹⁾ | \$0 ⁽²⁾ | 09/28/2018 | | A | | 64.9327 | | (3) | | (3) | Common Stock | 64.9327 | \$109.07 | 22,196.8258 | D | |

Explanation of Responses:

- 1. The issuer has reinvested dividends on behalf of the reporting person pursuant to its Deferred Compensation Plan.
- $2. \ Each \ share \ of \ phantom \ stock \ is \ the \ economic \ equivalent \ of \ one \ share \ of \ FIS \ common \ stock.$
- $3. \ Shares \ of \ phantom \ stock \ are \ payable \ in \ cash \ following \ the \ reporting \ person's \ termination \ of \ service \ as \ a \ director.$

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

<u>fact</u>

** Signature of Reporting Person

10/01/2018

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.