FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|-------------------|---------------|-----------|

OMB APPROVAL OMB Number: Estimated average burden 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>CARBIENER JEFFREY S</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol CERTEGY INC [CEY] | | | | | | | | (Checl | all appli Directo | ship of Reporting applicable) rector fficer (give title | | 10% Ov | vner |
|---|--|---------------------------------|-----------|---|------------------|--|---|--------|--|--|--------------------|-----------------------------------|-----------------------------------|---|---|--|--|--------|------------|
| (Last) 11601 N | , | irst) ELT BOULEVA | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/30/2004 | | | | | | | X | Officer (give title below) Senior V-P & Group Executive | | | | | |
| (Street) ST. PETERS | BURG F | L . | 33716 | | 4. I | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | itate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | on-Deriv | ative | Sec | uriti | ies Ac | quirec | l, Di | sposed o | of, or Be | nefic | ially | Owned | ł | | | |
| Date | | 2. Transac Date (Month/Da | | Execution | | n Date, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | | | nd 5) Securition Benefici Owned I | | es ially Following | Form: Direct | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | , | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) |
| Common Stock 04/30/2 | | 2004 | 004 | | M ⁽¹⁾ | | 2,472 | A | \$23. | .7248 | 66 | ,246 | D | | | | | | |
| Common | mon Stock | | | | | | | | | | | 1 | 37 | | I | By IRA | | | |
| Common Stock | | | | | | | | | | | 1,2 | 293.9 | | I | By 401(K) Plan | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | ransaction of De Code (Instr.) Se Ac (A) Dis | | oosed D) tr. 3, 4 | 6. Date I Expirati (Month/I | on Da | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | D Sc (li | erivative ecurity | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly D | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amor or Numl of Share | ber | | | | | |
| Employee Stock | \$23.7248 | 04/30/2004 | | | M ⁽¹⁾ | | | 2,472 | (2) | | 01/29/2011 | Common Stock | 2,47 | 72 | \$0 | 0 | | D | |

Explanation of Responses:

- 1. Effected pursuant to a Rule 10b5-1 trading plan implemented on 4/14/2004.
- 2. The option fully vested on 1/29/2004.

Marcia R. Glick, as Attorneyin-Fact for Jeffrey S. Carbiener 05/03/2004 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.