FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL
- 13	

OMB Number: 3235-0287 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).

## 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

1. Name and Address of Reporting Person*  Alemany Ellen R						2. Issuer Name and Ticker or Trading Symbol Fidelity National Information Services, Inc.							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner				
					[ <b>I</b>	[FIS]							X Directo			· I	
(Last) (First) (Middle)													Officer below)	Officer (give title below)		(specify	
						3. Date of Earliest Transaction (Month/Day/Year) 03/01/2016							,		,		
601 RIVERSIDE AVE																	
						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable				
(Street)													Line)				
JACKSONVILLE FL 32204												X Form filed by One Reporting Person					
													Form filed by More than One Reporting Person				
(City)	(City) (State) (Zip)		(Zip)										1 01301	•			
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		Idi	Jie i - Nori	-Deliv	aliv				quireu, Di	<del>-</del>			_				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 3, 8) 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				5. Amour Securitie Beneficia Owned F	s F ally (	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								<del>                                     </del>	Amount (A) or		Т	Reported Transact	on(s)	, ,	(Instr. 4)		
									Code V	Amount	(D)	Price	(Instr. 3 a				
			Table II - D	)eriva	tive	Sec	urities <i>L</i>	7 cui	ired Disi	nosed of	or Bene	ficially	Owned				
									options,				Ownea				
1. Title of	2.	3. Transaction	3A. Deemed	14			E Numbe	r of	6 Data Ever	sicable and	7. Title an	, ,	8. Price of	9. Number	of 10.	11. Nature	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	3. Iransaction Date (Month/Day/Year)	Execution Date, if any		4. Transaction Code (Instr. 8)		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)		Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	of Indirect Beneficial Ownership (Instr. 4)	
												Amount		(Instr. 4)	,		
												or Number					
				c	Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	of Shares					
Stock					$\overline{}$		1										
Option (Right to Buy)	\$58.23	03/01/2016			A		4,243 <sup>(1)</sup>		03/01/2016	11/04/2021	Common Stock	4,243	\$0	4,243	D		

## **Explanation of Responses:**

1. On November 4, 2014, the reporting person was granted an option to purchase 12,730 shares of common stock. The option vests in three equal installments based on FIS's satisfaction of certain performance criteria for each of the calendar years ending December 31, 2015, 2016, and 2017. Based on FIS's Annual Report on Form 10-K filed on February 26, 2016, the Compensation Committee of FIS determined that the performance criteria for 2015 had been met, resulting in vesting of the option as to 4,243 shares.

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

fact

\*\* Signature of Reporting Person

03/01/2016

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.