FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF C |
|--|-------------------|
| obligations may continue. See Instruction 1(b). | Filed pursuant to |

CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* WAGGONER MARY K | | | | | | 2. Issuer Name and Ticker or Trading Symbol CERTEGY INC [CEY] | | | | | | | | | | all app | | | rson(s) to Issuer 10% Owner Other (specify | |
|---|---|--|--|---------------------|---|--|---|---|------------------|--|---------------------|----------------|------------------------------|------------------------------|-----------------------|--|--|-----------------------------|---|--|
| (Last) 11720 AI SUITE 6 | MBER PAF | • | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 04/15/2005 | | | | | | | | | | X | belov | Officer (give title below) V-P - Investor Relations | | | |
| (Street) | RETTA G | A : | 30004 | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | i. Indiv ine) X | Forn Forn | al or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (St | ate) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Noi | n-Deriv | ative | Se | curitie | es Acc | quired, | Dis | osed o | f, or | Bene | fici | ally (| Owne | ed | | | |
| Date | | | | action Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | 4 and Secur Benef Owne | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | ount (A) or Pi | | Price | , | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common | Stock ⁽¹⁾ | | | 04/15 | /2005 | | | | A | | 7.942 | | Α | \$32 | 2.78 | 15,776.35 D | | | | |
| Common | Stock ⁽¹⁾ | | | 07/15 | /2005 | | | | A | | 6.861 | | A | \$3 | 38 | 15,783.21 D | | | | |
| Common | Stock | | | | | | | | | | | | 484.89 I By 401(K Plan | | | | | 401(K) | | |
| | | Ta | able II - I (| | | | | | | | sed of, onvertib | | | | | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Fransactic Code (Inst | | n of Deriv Secu Acqu (A) o Disp of (D | of I | | xercis on Date Day/Yea | | or | | etr. 3 | Deriv Secu | . Price of Perivative Pecurity Pecurity Pecurity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ov Fo Di or (I) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | of | | | | | | | |

Explanation of Responses:

1. The shares reported were acquired pursuant to the reporting person's election to reinvest dividends in the Certegy Inc. Deferred Compensation Plan effective June 15, 2001.

Marcia R. Glick, as Attorneyin-Fact for Mary K. Waggoner pursuant to a Power of

07/18/2005

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.