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ACI WORL	DWIDE, INC.										
Form 4											
September 1	5, 2015										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB AF	PROVAL		
	UNITEI	D STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer STATEMENT OF CHAN				IGES IN BENEFICIAL OWN				JERSHIP OF	Expires:	January 31, 2005	
Section 16.				SECURITIES					Estimated average burden hours per		
Form 4 c Form 5			0	$(\cdot) = f \cdot i$	C	. F	1	A £ 1024	response	0.5	
obligatio							-	e Act of 1934,			
may con See Instr	unue.			vestment	•	· ·		1935 or Sectior 0	1		
1(b).					_						
(Print or Type]	Responses)										
(I IIII of I Jpe	(100p 011500)										
Frate Daniel J Symbol								5. Relationship of Reporting Person(s) to Issuer			
				ORLDWIDE, INC. [ACIW]				(Check all applicable)			
(Last) (First) (Middle) 3. Date of				of Earliest Transaction			(Check an applicable)				
				nth/Day/Year)				Director 10% Owner			
3520 KRAFT ROAD, SUITE 300 09/13/20			3/2015				_X_ Officer (give title Other (specify below) below)				
								Gro	oup President		
	(Street)			endment, Da	-			6. Individual or Jo	int/Group Filin	g(Check	
			Filed(Mo	nth/Day/Year	;)			Applicable Line) _X_ Form filed by O	One Reporting Pe	rson	
NAPLES, F	FL 34105							Form filed by M Person			
(City)	(State)	(Zip)	Tab	le I - Non-E	Derivative S	Securi	ties Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Da			3.	4. Securit			5. Amount of	6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Year	n Date, if Transaction(A) or Disposed of (D) Code $(hetr 3, 4 and 5)$					Securities Beneficially	Ownership Form: Direct	Indirect Beneficial		
(111501.5)		any (Month/I	Day/Year)	Code (Instr. 3, 4 and 5) (Instr. 8)				Owned		Ownership	
			-					Following	Indirect (I)	(Instr. 4)	
						(A)		Reported Transaction(s)	(Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common	00/10/2017				21,009		\$		D		
Stock	09/13/2015			D	<u>(1)</u>	D	21.54	127,643 <u>(2)</u>	D		

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.

 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D)	Number Expiration Date of (Month/Day/Yea Derivative Securities Acquired (A) or Disposed		nd 7. Title and Amount of Underlying Securities (Instr. 3 and 4)	Derivative De Security Sec (Instr. 5) Be Ov Fo Re Tra	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr	
			Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(msu

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Reporting Owners

Reporting Owner Name / Address	Relationships							
hepotoing o whor runne / runne iss	Director	10% Owner	Officer	Other				
Frate Daniel J 3520 KRAFT ROAD SUITE 300 NAPLES, FL 34105			Group Pr	esident				
Signatures								
By: /s/ Theodore Rodriguez, A Frate	l	09/15/2015						
<u>**</u> Signature of Report		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).
- (1) Represents shares surrendered by the reporting person to pay the tax liability due upon the vesting of thirty-three and one-third percent $(33 \ 1/3\%)$ of his restricted stock award.
- (2) The amount of securities owned has also been updated to include 497 shares acquired under the Company's 1999 Employee Stock Purchase Plan, as amended.

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.