FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL             |           |  |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |  |  |
| hours per response       | : 0.5     |  |  |  |  |  |  |  |  |

|   | Check this box if no longer subjec |
|---|------------------------------------|
| ٦ | 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

| Name and Address of Reporting Person*     Behrens Scott W     |  |         |      |  | 2. Issuer Name and Ticker or Trading Symbol ACI WORLDWIDE, INC. [ ACIW ]  |  |  |  |                     |  |                      |               |   |  | neck all ap<br>Dired              | olicable)<br>ctor  |  | erson(s) to I                    | wner |
|---|--|---------|------|--|---|--|--|--|---------------------|--|----------------------|---------------|---|--|-----------------------------------|--|--|----------------------------------|------|
| (Last) (First) (Middle) 2811 PONCE DE LEON BLVD, PH 1         |  |         |      |  | 3. Date of Earliest Transaction (Month/Day/Year) 05/11/2023   |  |  |  |                     |  |                      |               |   |  | helov                             | icer (give title<br>ow)<br>Chief Financia                                |  | Other (specify below)  l Officer |      |
| (Street) CORAL GABLES FL 33134                                |  |         |      | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |  |  |  |                     |  |                      | 6.<br>Lir     | ndividual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person |  |                                   |  |  |                                  |      |
| (City)  | (St  | ate) (Z | Zip) |  | Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. |  |  |  |                     |  |                      |               |   | olan that is int   | ended to                          |  |  |                                  |      |
|   | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |         |      |  |   |  |  |  |                     |  |                      |               |   |  |                                   |  |  |                                  |      |
| 1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day |  |         |      | /Year)   | Executif any  | Deemed<br>cution Date,<br>y<br>ith/Day/Year) |  |  |                     | ies Acquired ( <i>F</i><br>Of (D) (Instr. 3  |                      |               | nd Secur  |  |                                   | m: Direct<br>or<br>rect (I)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |                                  |      |
|   |  |         |      |  |   |  |  | Code   | v                   | Amount   |                      | (A) or<br>(D) | Price   |  | orted<br>saction(s)<br>: 3 and 4) |  |  |                                  |      |
| Common Stock 05/11/2  |  |         |      |  | 2023  |  |  |  | A                   |  | 55,933 <sup>(1</sup> | 1)            | A   | \$ <mark>0</mark> .  | 0 42                              | 29,925   |  | D                                |      |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |         |      |  |   |  |  |  |                     |  |                      |               |   |  |                                   |  |  |                                  |      |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any  |         |      | 4.<br>Transaction<br>Code (Instr.<br>8)                  |   | Secu<br>Acqu<br>(A) o<br>Dispo               | vative<br>irities<br>uired<br>or<br>osed<br>)<br>r. 3, 4 | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                     | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security<br>(Instr. 3 and |                      | d 4)          | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)   | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | e C<br>S F<br>Illy C              | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                                  |      |
|   |  |         |      |  | Code  | v  | (A)  | (D)  | Date<br>Exercisable |  | Expiration<br>Date   | Title         | or<br>Nun<br>of   | nber   |                                   |  |  |                                  |      |

## Explanation of Responses:

1. Represents restricted share units awarded pursuant to the Company's 2020 Equity and Performance Incentive Plan. The restricted share units vest in equal quarterly installments over a three-year period.

Scott W Behrens

05/15/2023

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.