SEC Form 3 FORM 3

## UNITED STATES SECURITIES AND EXCHANGE

COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per 0.5 response:

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 A <u>Kuruvilla</u>	2. Date of E Requiring S (Month/Day 11/29/202	statement /Year)	3. Issuer Name and Ticker or Trading Symbol <u>ACI WORLDWIDE, INC.</u> [ ACIW ]									
(Last) 6060 COVE (Street) ELKHORN (City)	(First) NTRY DRIV NE (State)	(Middle) /E 68022 (Zip)	11/29/2023		4. Relationship of Reporting Issuer (Check all applicable) Director X Officer (give title below) Chief Technolog		10% Owner Other (specify below)		File 6. lı (Ch	<ul> <li>5. If Amendment, Date of Original Filed (Month/Day/Year)</li> <li>6. Individual or Joint/Group Filing (Check Applicable Line)</li> <li>X Form filed by One Reporting Person Form filed by More than One Reporting Person</li> </ul>		
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)				I	Beneficially Owned (Instr.   Fo 4) (D		Form: [ (D) or li			Nature of Indirect Beneficial wnership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned           (e.g., puts, calls, warrants, options, convertible securities)												
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Se (Instr. 4)			4. Convers or Exer	rcise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
		Date Exercisable	Expiratior Date	n Title		Amount Deriva or Securi Number of Shares		ive	ve or Indirect	5)		

**Explanation of Responses:** 

No securities are beneficially owned.

## Abraham Kuruvilla

Date

03/07/2024

\*\* Signature of Reporting Person

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 5 (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.