FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washing

| wasnington, D.C. 20549 | OMB APPROVAL | | | |
|--|--------------|--------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-0 | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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

| Name and Address of Reporting Person* Behrens Scott W | | | | | 2. Issuer Name and Ticker or Trading Symbol ACI WORLDWIDE, INC. [ACIW] | | | | | | | | | Check all D | Office (-in- 4i4) | | 10% C | wner | |
|---|--|---------|---------------|---|---|--|---------|--|---|--------|---------|--|---|----------------|--|--|-------|------------|--|
| (Last) (First) (Middle) 3520 KRAFT ROAD SUITE 300 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/20/2019 | | | | | | | | | | | | | | |
| (Street) NAPLES (City) | FL (Sta | | 34105 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | ine) X F F | | | | | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Sec | curitie | s Acq | uired, | Dis | posed o | f, o | r Ben | efici | ally Ov | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D. | | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | | nd Sec Be Ow | 5. Amount of Securities Beneficially Owned Following | | Ownership orm: Direct O) or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Tra | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock 0 | | | | 02/20 | 02/20/2019 | | | | D | | 3,257 | (1) D \$3 | | 1.1 | 236,107 | | D | | |
| | 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 Execution Date if any (Month/Day/Year) Security 3. Transaction Date Execution Date (Month/Day/Year) Security | | n Date, | | Transaction Code (Instr. B) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) Amount or Numbor | | ount | 8. Price Derivati Security (Instr. 5) | e derivativ | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

1. Represents shares surrendered by the reporting person to pay the tax liability due upon the vesting of one third of his restricted stock units.

Scott W Behrens

02/22/2019

** 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.