$\square$ 

# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject 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

OMB APPR	ROVAL								
OMB Number:	3235-0287								
Estimated average burden									
hours por rosponso:	0 5								

1. Name and Address of Reporting Person <sup>*</sup> HEASLEY PHILIP G		Person*	2. Issuer Name and Ticker or Trading Symbol ACI WORLDWIDE, INC. [ ACIW ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner
(Last) 3520 KRAF	(First) (Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/09/2017	X Officer (give title Other (specify below) CEO and President
SUITE 300			<ul> <li>4. If Amendment, Date of Original Filed (Month/Day/Year)</li> </ul>	6. Individual or Joint/Group Filing (Check Applicable
(Street)				Line)
NAPLES	FL	34105		X Form filed by One Reporting Person Form filed by More than One Reporting
(City)	(State)	(Zip)		Person

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

	Table 1- Non-Derivative Securices Acquired, Disposed of, or Derivitiany Owned										
1. Title	e of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities A Disposed Of (			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
				Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Com	mon Stock	06/09/2017		D		17,821(1)	D	\$22.83	1,340,771 <sup>(2)</sup>	D	
Com	mon Stock	06/09/2017		J		1,735 <sup>(3)</sup>	D	\$ <mark>0.0</mark>	1,339,036 <sup>(4)</sup>	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 (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of		6. Date Exerc Expiration Da (Month/Day/Y	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

#### Explanation of Responses:

1. Represents shares surrendered by the reporting person to pay the tax liability due upon the vesting of one-third of their performance-based restricted stock award granted on June 9, 2015.

2. The amount of securities owned has been updated to include 493 shares acquired under the Company's 1999 Employee Stock Purchase Plan, as amended.

3. The performance-based restricted stock referred to in footnote 1 was earned at 98%. These shares reflect the forfeited unearned shares.

4. As of the date of this report, Mr. Heasley's beneficial ownership of the securities reported herein is 2,008,417 shares, consisting of 1,339,036 shares directly owned and 669,381 shares subject to currently exercisable options with a weighted average exercise price of \$16.60.

<u>By: Dennis Byrnes, Attorney in</u> <u>Fact For: Philip G. Heasley</u> 06/13/2017

the Company of Description Description

\*\* Signature of Reporting Person Date

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

 $\ast$  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.