FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

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 Address of Reporting Person* SANCHEZ ADALIO T						2. Issuer Name and Ticker or Trading Symbol ACI WORLDWIDE, INC. [ACIW]								5. Relationship of Reporti (Check all applicable) Director			ng Per	rson(s) to Is	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/04/2024										Officer (give title below)			Other (s	specify
6060 COVENTRY DRIVE						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) ELKHORN NE 68022															Form filed by One Reporting Person Form filed by More than One Reportin Person				
(City) (State) (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 intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														nded to
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	oosed of	or E	Bene	ficiall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution			Date,	3. Transaction Code (Instr. 8)					A) or , 4 and	5. Amount of Securities Beneficially Owned Following Reported		Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) (D)		rice	Transa	ed ction(s) 3 and 4)			(Instr. 4)
Common Stock 06/9					/2024				A		7,194(1)	1) A		\$0.0	18	18,188		D	
Common Stock															30	0,086		I	by GRAT #3 ⁽²⁾
Common Stock															4	7,136		I	by GRAT #4 ⁽³⁾
Common Stock															1,792				by Trust ⁽⁴⁾
	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)	Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any				Transaction Code (Instr.		of		Exerci on Da Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Di Se (Ir	Price of erivative curity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	or Numl of Share							

Explanation of Responses:

- 1. Represents shares of restricted stock units awarded pursuant to the Company's 2020 Equity and Performance Incentive Plan, as amended. The restricted shares vest on the earlier to occur of (i) anniversary of the date of grant, (ii) the day immediately prior to the date of the Company's next annual meeting of the stockholders, or (iii) a change in control of the Company.
- 2. Mr. Sanchez is the sole settlor, trustee, and annuitant of GRAT #3
- 3. Mr. Sanchez is the sole settlor, trustee, and annuitant of GRAT #4.
- 4. Represents shares held in a trust regarding which Mr. Sanchez's spouse is the trustee and Mr. Sanchez's child is the beneficiary.

Adalio T Sanchez 06/06/2024

** 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 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.