FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL						
OMB Number:	3235- 0104					
Estimated average burden						
hours per response:	0.5					

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* <u>Lamouche Didier R</u>			2. Date of E Requiring S (Month/Day 10/22/202	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol ACI WORLDWIDE, INC. [ACIW]						
(Last) 3520 KRAI SUITE 300 (Street) NAPLES (City)	_	(Middle) 34105 (Zip)	-		Issuer (Check al X D	nship of Reporting I applicable) irector fficer (give Ie below)	10% C	wner 6. (Specify	Individual or Josheck Applicable X Form filed Person	oint/Group Filing e Line) by One Reporting by More than One	
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)			i		of Securities y Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
E (!		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)			4. Conversion or Exercise	se Form:	6. Nature of Indirect Beneficial Ownership (Instr.		
		Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)		

Explanation of Responses:

No securities are beneficially owned.

By: Dennis Byrnes, Attorney in Fact For:

Didier R Lamouche

** Signature of Reporting

Person

Date

11/12/2020

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).
- $^{**} \ Intentional \ misstatements \ or \ omissions \ of facts \ constitute \ Federal \ Criminal \ Violations \ See \ 18 \ U.S.C. \ 1001 \ and \ 15 \ U.S.C. \ 78 \ ff(a).$

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.