Edgar Filing: VISA INC. - Form 4

| VISA INC. | | | | | | | | | | | | | |
|---|-----------------------|---|---|--|-----|--------------------|-----------------------|----------------------|--|--------------------------------------|------------------------|--|--|
| Form 4 | | | | | | | | | | | | | |
| February 19, | 2014 | | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | | OMB APPROVAL | | | | |
| UNITED STATES SECUR | | | | | | ND EX().C. 205 | | NGE (| COMMISSION | OMB Number: | 3235-0287 | | |
| check this box if no longer | | | | | | | | | | Expires: | January 31 | | |
| subject to | | ENT OF | CHAN | GES IN BENEFICIAL OW | | | | LOW | NERSHIP OF | Estimated a | 2005 averade | | |
| Section 1 | | S | | | | TIES | | | | burden hours per | | | |
| Form 4 or Form 5 | | Filed pursuant to Section 16(a) of the Securities I | | | | | | zehane | response 0.3 | | | | |
| obligatior | 18 Section 17(a) | | | | | | | - | f 1935 or Sectio | n | | | |
| may conti See Instru | inue. | | of the Inv | • | | • | - · | | | 11 | | | |
| 1(b). | iction . | | | | | 1. | , , | | | | | | |
| | | | | | | | | | | | | | |
| (Print or Type R | Responses) | | | | | | | | | | | | |
| Sheedy William M. Symbol | | | | . Issuer Name and Ticker or Trading | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | | | VISA INC. [V] | | | | | | | | | | |
| (Least) | (Einst) (M | | | | т | <i>.</i> . | | | (Chec | ck all applicable | e) | | |
| (Month | | | | . Date of Earliest Transaction Month/Day/Year) 2/14/2014 | | | | | Director | 10% | o Owner | | |
| | | | | | | | | | \underline{X} Officer (give title \underline{X} Other (specify | | | | |
| | | | | | | | | | below) EVP N | below) ORTH AMERI | CA | | |
| (Street) 4. If Ame | | | | Amendment, Date Original | | | | | 6. Individual or Joint/Group Filing(Check | | | | |
| | | | | d(Month/Day/Year) | | | | | Applicable Line) | | | | |
| SAN FRAN | CISCO, CA 9412 | | , | | , | | | | _X_ Form filed by 0 Form filed by M | One Reporting Pe More than One Re | | | |
| | | | | | | | | | Person | | | | |
| (City) | (State) (| Zip) | Table | e I - Non- | -De | rivative S | Securi | ties Ac | quired, Disposed of | f, or Beneficia | lly Owned | | |
| 1.Title of | 2. Transaction Date | | | 3. | | 4. Securi | | | 5. Amount of | 6. Ownership | | | |
| Security (Instr. 3) | (Month/Day/Year) | Execution any | on Date, if TransactionAcquired (Code Disposed of | | | | | | | Form: Direct D) or | Indirect Beneficial | | |
| (| | • | /Day/Year) (Instr. 8) (Instr. 3, 4 and 5) | | | | | | Owned | Indirect (I) | Ownership | | |
| | | | | | | | Following Reported | (Instr. 4) (Instr. 4 | (Instr. 4) | | | | |
| | | | | | | | (A) | | Transaction(s) | | | | |
| | | | | Code | v | Amount | or (D) | Price | (Instr. 3 and 4) | | | | |
| Class A | | | | 2000 | · | mount | | | | | | | |
| Common | 02/14/2014 | | | F | | 6,157 | D | \$ 226 | 91,153 | D | | | |
| Stock | | | | | | | | 220 | | | | | |

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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| 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. Transact Code (Instr. 8) | 5. tionNumber of) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 3 | Date | 7. Title Amoun Underl Securi (Instr. | nt of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--------------------------------------|---|---------------------|--------------------|--|--|---|--|
| | | | | Code V | V (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | | Relationships | | |
|---|-----------|-----------|-------------------|-------|--|
| | Director | 10% Owner | Officer | Other | |
| Sheedy William M. C/O VISA INC. P.O. BOX 8999 SAN FRANCISCO, CA 94128-8999 | , | | EVP NORTH AMERICA | | |
| Signatures | | | | | |
| /s/ Jenny Kim, Attorney-In-Fact | 02/19/201 | 14 | | | |
| **Signature of Reporting Person | Date | | | | |

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.