MORRISON DENISE M Form 3 August 06, 2018 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Add MORRISC	-		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol VISA INC. [V]					
(Last)	(First)	(Middle)	(Month/Day/Year) 08/02/2018	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
C/O VISA IN	C., P.O	. BOX 8999							
	(Street)			(Check	k all applicable)		6. Individual or Joint/Group		
SAN FRANCISCO	CAÂ	94128-8999		X Director Officer (give title belo			Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Table I - N	on-Deriva	tive Securi	ties Be	eneficially Owned		
1.Title of Securit (Instr. 4)	у		2. Amount of Beneficially C (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nati Owner (Instr.	•		
Class A Comr	non Stocl	k	0		D	Â			
Reminder: Report	-	ate line for each	class of securities beneficia	lly SI	EC 1473 (7-02	2)			
	inform requir	nation contain ed to respond	nd to the collection of ed in this form are not I unless the form displa 8 control number.	ys a					

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security		4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I)	

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	5	Relationships						
1		10% Owner	Officer	Other				
MORRISON DENISE M C/O VISA INC. P.O. BOX 8999 SAN FRANCISCO, CA 94128		Â	Â	Â				
Signatures								
/s/ Sue Choi, Attorney-In-Fact	08/06/2018							
**Signature of Reporting Person	Date							
Explanation of Responses:								

* 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. 78ff(a).

Â **Remarks:** Ex. 24 - Power of Attorney

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.