#### Edgar Filing: MASTERCARD INC - Form 4

MASTERC	ARD INC									
Form 4 January 27,	2016									
<b>FORM</b>	ЛЛ	STATES	SECU	DITIES	AND EV	СП	NCEC	OMMISSION		PROVAL
	UNITED	SIAILS		ashingtor			INGE CU	JMIMISSION	OMB Number:	3235-0287
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. STATEMENT OI STATEMENT OI Filed pursuant to S			Section	<b>SECU</b> 16(a) of t	<b>RITIES</b> he Securi	ties I	Act of 1934,	Expires: Estimated a burden hour response	0	
See Inst 1(b).		30(h)	of the I	nvestmen	t Compa	ny Ao	ct of 1940	I		
(Print or Type	Responses)									
	Address of Reporting 1 Foundation	Person <sup>*</sup>	Symbol	er Name <b>an</b> ERCARI			0	5. Relationship of I Issuer	Reporting Perso	on(s) to
(Last)	(First) (	Middle)		of Earliest	-	-		(Check	all applicable)	1
``´	E STREET, SUI	,		Day/Year)			- - 1	Director Officer (give ti pelow)	tle $X_10\%$ below)	Owner (specify
	(Street)			endment, I onth/Day/Ye	-	al	1	5. Individual or Joi Applicable Line) _X_ Form filed by Ou Form filed by Mo	ne Reporting Per	son
TORONTO	D, A6 M5B 2L7						Ī	Person	ne man one Rej	orting
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Secu	rities Acqu	ired, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	rity (Month/Day/Year) Execution Date, if			Code (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Class A Common Stock, par value \$.0001	01/25/2016			Code V	Amount 53,925	or (D) D	Price \$ 87.6404	(Instr. 3 and 4)	D	
Class A Common Stock, par value \$.0001	01/26/2016			S	53,925	D	\$ 87.0189	115,824,069	D	
Class A Common	01/27/2016			S	53,925	D	\$ 86.2116	115,770,144	D	

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.

Date

# 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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/	6. Date Exercisable and Expiration Date (Month/Day/Year)		le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Stock, par value \$.0001

Reporting Owner Name / Address		Relationsh							
	Director	Director 10% Owner Officer Other		Other					
MasterCard Foundation 250 YONGE STREET, SUITE 2400 TORONTO, A6 M5B 2L7	250 YONGE STREET, SUITE 2400 X								
Signatures									
The MasterCard Foundation By: /s/ Pe Officer	01/27/2016								

#### \*\*Signature of Reporting Person

## Explanation of Responses:

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.