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VISA INC.											
Form 4 November 2	22 2016										
FORM	ЛЛ								PPROVAL		
	UNITED	STATES			AND EXCH , D.C. 2054		COMMISSIO	N OMB Number:	3235-028		
Check t if no los	agar		CTT 1 1					Expires:	January 3 ⁻ 200		
subject Section Form 4 Form 5	to STATEN 16. or	EMENT OF CHANGES IN BENEFICIAL ON SECURITIES						Estimated burden hoi response	average urs per		
obligati may con <i>See</i> Inst 1(b).	ons ntinue. Section 17((a) of the P	ublic U	tility Hol		any Act o	ge Act of 1934 of 1935 or Sect 940				
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> HOFFMAN GARY A			2. Issuer Name and Ticker or Trading Symbol VISA INC. [V]			ading	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (I	Middle)	3. Date of Earliest Transaction (Month/Day/Year) 11/19/2016				(encer an appreable)				
C/O VISA	INC., PO BOX 89						X_ Director10% Owner Officer (give titleOther (specify below) below)				
	(Street)			endment, D nth/Day/Yea	ate Original r)		Applicable Line) _X_ Form filed b	Joint/Group Fili	erson		
SAN FRA	NCISCO, CA 941	28					Person	More than One R	eporting		
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative Se	curities Ac	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemee Execution I any (Month/Day	Date, if	3. Transactio Code (Instr. 8) Code V	4. Securities nAcquired (A) Disposed of (Instr. 3, 4 ar (A o Amount (E	(D) nd 5) (A) r	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Re	port on a separate line	e for each cla	ss of sec	urities bene	ficially owned	directly of	r indirectly.				
					informat required	ion conta to respo a curren	oond to the colle ained in this forr nd unless the fo tly valid OMB co	n are not orm	SEC 1474 (9-02)		
	Tab	le II - Deriva	ative Sec	urities Aco	uired. Dispos	sed of, or l	Beneficially Owne	d			

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Pr
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	Deriv
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired			(Inst

	Derivative Security				(A) orDispose(D)(Instr. 3, and 5)					
			C	Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Stock Units	<u>(1)</u>	11/19/2016		A	1,526		(1)	(1)	Class A Common Stock	1,526

Reporting Owners

Reporting Owner Name / Address		Relationsh		
	Director	10% Owner	Officer	Other
HOFFMAN GARY A C/O VISA INC. PO BOX 8999 SAN FRANCISCO, CA 94128	Х			
Signatures				
/s/ Sue Choi,				

Date

Attorney-In-Fact 11/22/2016

**Signature of Reporting Person

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).

Each restricted stock unit represents a contingent right to receive one share of Visa Inc. common stock or a cash equivalent of its value. The restricted stock units vest on the first anniversary of the date of grant, subject to earlier vesting in full in limited circumstances

(1) The restricted stock units vest on the first anniversary of the date of grant, subject to earlier vesting in run in innited circumstances specified in the award agreement, and vested units will be settled after retirement or termination of service, subject to earlier settlement in limited circumstances specified in the award agreement.

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.