Edgar Filing: TOTAL SYSTEM SERVICES INC - Form 4

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|--|--|--|--|--|--|
| TOTAL SYSTEM SERVICES INC Form 4 | | | | | |
| May 14, 2007 | | | | | |
| | | OMB APPROVAL | | | |
| Check this box | S SECURITIES AND EXCHANGE (Washington, D.C. 20549 | Number: 3235-0287 | | | |
| if no longer | F CHANGES IN BENEFICIAL OW | Expires: January 31, 2005 | | | |
| subject to Section 16. Form 4 or | SECURITIES | Estimated average burden hours per | | | |
| Form 5 Filed pursuant to | Section 16(a) of the Securities Exchang | • | | | |
| abligations | Public Utility Holding Company Act o | | | | |
| <i>See</i> Instruction 30(h) 1(b). | of the Investment Company Act of 194 | 40 | | | |
| (Print or Type Responses) | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> DRIVER WALTER W JR | 2. Issuer Name and Ticker or Trading Symbol TOTAL SYSTEM SERVICES INC | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | [TSS] | | | | |
| (Last) (First) (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | |
| P. O. BOX 120 | 05/11/2007 | below) below) | | | |
| (Street) | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | | |
| | Filed(Month/Day/Year) | Applicable Line) | | | |
| COLUMBUS, GA 31902 | | _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) (State) (Zip) | Table I - Non-Derivative Securities Acc | uired, Disposed of, or Beneficially Owned | | | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deer Executio any (Month/I | med 3. 4. Securities Acquired n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8) (A) | 5. Amount of Securities6. Ownership Form: Direct7. Nature of IndirectBeneficially Owned(D) orBeneficialOwnedIndirect (I)OwnershipFollowing Reported(Instr. 4)(Instr. 4)Transaction(s)SecuritiesSecurities | | | |
| common | or Code V Amount (D) Price | (Instr. 3 and 4) | | | |
| stock 05/11/2007 | $J_{(1)}^{(1)}$ 144 A $3_{1.28}^{(5)}$ | 5,590 <u>(2)</u> 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.

 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | ; | ate | Amou Unde Secur | le and unt of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-----------------------|---|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|---------|-------|--|--|
| Reporting O when I tunie / I turi ess | Director | 10% Owner | Officer | Other | | |
| DRIVER WALTER W JR P. O. BOX 120 COLUMBUS, GA 31902 | Х | | | | | |
| Signatures | | | | | | |
| Garilou Page, Attorney in Fact | 05/1 | 4/2007 | | | | |

Attorney-in-Fact **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).
- (1) Purchase under issuer's Director Stock Purchase Plan.
- (2) Includes shares acquired through dividend reinvestment

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.