Edgar Filing: TOTAL SYSTEM SERVICES INC - Form 4

| TOTAL SYSTEM SERVICES INC Form 4 January 27, 2017 | | | | | | | |
|---|--|--|--|--|--|--|--|
| FORM 4 UNITED STATES | | OMB APPROVAL | | | | | |
| UNITED STATE. | S SECURITIES AND EXCHANGE (Washington, D.C. 20549 | Number: 3235-0287 | | | | | |
| Check this box if no longer | | Expires: January 31, 2005 | | | | | |
| Section 16. | F CHANGES IN BENEFICIAL OW SECURITIES | Estimated average burden hours per | | | | | |
| Form 4 or Form 5 Eiled pursuant to | Section 16(a) of the Securities Exchange | response 0.5 | | | | | |
| obligations Section 17(a) of the | Section 16(a) of the Securities Exchang Public Utility Holding Company Act of | | | | | | |
| may commute | of the Investment Company Act of 194 | | | | | | |
| (Print or Type Responses) | | | | | | | |
| 1. Name and Address of Reporting Person * JOSEPH PAMELA A2. Issuer Name and Ticker or Trading Symbol5. Relationship of Reporting Person(s) to Issuer | | | | | | | |
| | TOTAL SYSTEM SERVICES INC [TSS] | (Check all applicable) | | | | | |
| (Last) (First) (Middle) | 3. Date of Earliest Transaction | _X_ Director 10% Owner _X_ Officer (give title Other (specify | | | | | |
| P. O. BOX 2506 | (Month/Day/Year) 01/26/2017 | below) below) President and COO | | | | | |
| (Street) | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | | | | |
| | Filed(Month/Day/Year) | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| COLUMBUS, GA 31901 | | Person | | | | | |
| (City) (State) (Zip) | Table I - Non-Derivative Securities Acc | uired, Disposed of, or Beneficially Owned | | | | | |
| (Instr. 3) any | on Date, if Transaction(A) or Disposed of Code (D) /Day/Year) (Instr. 8) (Instr. 3, 4 and 5) | 5. Amount of Securities6. Ownership Form: Direct7. Nature of IndirectBeneficially Owned(D) orBeneficialOwnedIndirect (I)OwnershipFollowing Reported(Instr. 4)(Instr. 4) | | | | | |
| | (A) or Code V Amount (D) Price | Transaction(s) (Instr. 3 and 4) | | | | | |
| Common 01/26/2017 Stock | A 11,547 A \$0 | 16,623 <u>(1)</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. Transacti Code (Instr. 8) | Securities Acquired (A) or Disposed of (D) (Instr. 3, | | ate | Amou Unde Secur | rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|---|---------------------------------------|--|---------------------|--------------------|-----------------------|--|---|--|
| | | | | Code V | 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|-------------------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| JOSEPH PAMELA A P. O. BOX 2506 COLUMBUS, GA 31901 | Х | | President and COO | | | |
| Signatures | | | | | | |
| Garilou Page, Attorney-in-Fact | 01/2 | 27/2017 | | | | |

**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).
- Includes shares acquired through exempt purchases in the issuer's employee stock purchase plan since the reporting person's last Form 4 (1) report.

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.