## Edgar Filing: MASTERCARD INC - Form 4

MASTERC	ARD INC													
Form 4	2015													
October 26,														
FORM		STATES	SECU	RITIF	S A	AND EX	СН	ANGE C	OMMISSION		PROVAL			
	UNITED	<b>DINIL</b>				, D.C. 2				Number:	3235-0287			
Check the check				U		,				Expires:	January 31,			
if no lon subject t	- NIATHA	AENT O	F CHAI				FICI	AL OWN	ERSHIP OF	Estimated a	2005 verage			
Section			SEC	U	burden hour									
Form 4 Form 5		avent to (	Taction	16(a)	£ +1		:+:	Exchange	Act of 1934,	response	0.5			
obligatio	ons Section 17(							U	1935 or Section					
may con <i>See</i> Inst	lunue.			•		•	-	ct of 194		L				
1(b).	luction	~ /				1	2							
	<b>D</b>													
(Print or Type	Responses)													
1. Name and	Address of Reporting	Person <sup>*</sup>	2. Issue	er Name	an	<b>d</b> Ticker o	r Trac	ling	5. Relationship of I	Reporting Pers	on(s) to			
MasterCarc	l Foundation		Symbol						Issuer					
			MAST	ERCA	RE	D INC [N	/A]		(Check all applicable)					
						Transactior	1							
250 YONGE STREET, SUITE 2400 1			(Month/	-	ar)				Director _X_ 10% Owner Officer (give title Other (specify below) below)					
			10/22/2	2015										
			4. If Am	endmen	t, D	ate Origin	al		6. Individual or Joint/Group Filing(Check					
			Filed(Mo	onth/Day/	Yea	ar)			Applicable Line) _X_ Form filed by O	na Paparting Pa	son			
TORONT	), A6 M5B 2L7								Form filed by M					
		( <b>-</b> , )							Person					
(City)	(State)	(Zip)	Tab	ole I - No	on-]	Derivativ	e Seci	urities Acqu	iired, Disposed of,	or Beneficial	y Owned			
1.Title of	2. Transaction Date			3.				cquired (A)		6.	7. Nature of			
Security (Instr. 3)	(Month/Day/Year)	Execution any	Date, if	e, if Transactionor Disposed of (D) Code (Instr. 3, 4 and 5)					Securities Beneficially	Ownership Form:	Indirect Beneficial			
(		(Month/D	ay/Year)	ur) (Instr. 8) Owne					Owned	Direct (D)	Ownership			
								Following Reported	or Indirect (I)	(Instr. 4)				
						(A)			Transaction(s)	(I) (Instr. 4)				
				Code	v	Amount	or (D)	Price	(Instr. 3 and 4)					
Class A							. ,							
Common														
Stock, par	10/22/2015			S		4,415	D	\$ 98	116,317,283	D				
value														
\$.0001														
Class A														
Common Stock, par	10/23/2015			S		4,415	D	\$	116,312,868	D				
value	10/23/2013			3		4,415	D	98.8017	110,512,000	D				
\$.0001														
Class A	10/26/2015			S		4,415	D	\$ 99 371	116,308,453	D				
Common	10/20/2015			5		1,115	D	φ > 9.371	110,000,100	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(insu

## **Reporting Owners**

Stock, par value \$.0001

Reporting Owner Name / Address		Relationsh			
	Director	10% Owner	Officer Other		
MasterCard Foundation 250 YONGE STREET, SUITE 2400 TORONTO, A6 M5B 2L7		Х			
Signatures					
The MasterCard Foundation By: /s/ Po		10/26/2015			

\*\*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).

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.