## Edgar Filing: VISA INC. - Form 4

VISA INC.											
Form 4	2012										
August 27, 2									OMB AF	PROVAL	
FUNI		RITIES A shington,			OMMISSION	OMB Number:	3235-0287				
Check th if no lon subject to Section 1 Form 4 of Form 5 obligation may con <i>See</i> Instr 1(b).	ger o 16. or Filed pur ons tinue.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940								Expires:       January 31, 2005         Estimated average       burden hours per         response       0.5	
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Buse Elizabeth			2. Issuer France and Frence of Franks					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (I	Middle)	3. Date of Earliest Transaction					(Check	all applicable	)	
C/O VISA INC., P.O. BOX 8999			(Month/Day/Year) 08/26/2013					Director 10% Owner _X Officer (give title Other (specify below) below) HEAD OF GLOBAL SOLUTIONS			
(Street)			Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
SAN FRAN	NCISCO, CA 9412	28-8999						Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secur	ities Acqu	iired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	4. Securiti nor Dispose (Instr. 3, 4 Amount	ed of (	(D)	) 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)	
Class A Common Stock	08/26/2013			S <u>(1)</u>	17,562		\$ 177.03 (2)	8,046	D		
Class A Common Stock								4,500	Ι	The Buse Family Trust	

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.

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 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/ e	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**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
Buse Elizabeth C/O VISA INC. P.O. BOX 8999 SAN FRANCISCO, CA 94128-8999	I		HEAD OF GLOBAL SOLUTIONS					
Signatures								
/s/ Jenny Kim,	08/27/201	3						

## **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) This transaction was made pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on July 26, 2013.

Date

The price reported in column 4 is a weighted average price. These shares were disposed of in multiple transactions at prices ranging from \$175.02 - \$178.37, inclusive. The reporting person undertakes to provide to Visa Inc., any security holder of Visa Inc., or the staff of the

(2) Securities & Exchange Commission, upon request, full information regarding the number of shares disposed of at each separate price within the ranges set forth in this Form 4.

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.

Attorney-In-Fact

\*\*Signature of Reporting Person