Fidelity National Information Services, Inc. Form SC 13G February 09, 2016

## SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549

## SCHEDULE 13G

# INFORMATION TO BE INCLUDED IN STATEMENTS FILED PURSUANT TO RULES 13d-1(b), (c), AND (d) AND AMENDMENTS THERETO FILED PURSUANT TO RULE 13d-2

## (AMENDMENT NO. )\*

Fidelity National Information Services, Inc.

(Name of Issuer)

Common Stock

(Title of Class of Securities)

31620M106

(CUSIP Number)

12/31/15

(Date of Event Which Requires Filing of this Statement)

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

X	Rule 13d-1(b)
0	Rule 13d-1(c)
0	Rule 13d-1(d)

\*The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

Page 1 of 4 Pages

CUSIP NO. 31620M106	13G	Page 2 of 4 Pages
1.	NAME OF REPORTING PERSO	NS
Massachusetts Financial Services Compa	any ("MFS")	
2. CHECK THE A (SEE INSTRUCTIONS)	APPROPRIATE BOX IF A MEMB	ER OF A GROUP
a) o (b) o		
Not Applicable		
3.	SEC USE ONLY	
4. CITIZ	ENSHIP OR PLACE OF ORGAN	IZATION
Delaware		
NUMBER OF SHARES BENEFICIALI	LY OWNED BY EACH REPORTI	ING PERSON WITH:
5.	SOLE VOTING POWER	
16,126,594 shares of common stock		
6.	SHARED VOTING POWER	
None		
7.	SOLE DISPOSITIVE POWER	1
17,417,518 shares of common stock		
8.	SHARED DISPOSITIVE POWE	ER
None		
9. AGGREGATE AMOUNT	BENEFICIALLY OWNED BY E	ACH REPORTING PERSON
17,417,518 shares of common stock, cornon-reporting entities.	nsisting of shares beneficially owne	d by MFS and/or certain other
10.CHECK IF THE AGGREGATE AM INSTRUCTIONS)	OUNT IN ROW (9) EXCLUDES	CERTAIN SHARES (SEE
Not Applicable		

11. PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

0

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5.4	
12.	TYPE OF REPORTING PERSON (SEE INSTRUCTIONS)
IA	

Schedul	e 13G		Page 3 of 4 Pages		
ITEM 1	:	(a)	NAME OF ISSUER:		
See Cov	ver Page				
(b)	ADDRESS OF ISSUER'S PRINCIPAL EXECUTIVE OFFICES:				
	erside Avenue ville, FL 32204				
ITEM 2	:	(a)	NAME OF PERSON FILING:		
See Iten	n 1 on page 2				
	(b)	ADDRESS OF PRINCIP	AL BUSINESS OFFICE OR, IF NONE, RESIDENCE:		
	ntington Avenue MA 02199	5			
(c)	CITIZENSHIP:				
See Iten	n 4 on page 2				
(d)	TITLE OF CI	LASS OF SECURITIES:			
See Cov	ver Page				
(e)	CUSIP NUMBER:				
See Cov	ver Page				
ITEM 3 Rule 13	: d-1(b)(1)(ii)(E)	The person filing i	s an investment adviser in accordance with		
ITEM 4	:		OWNERSHIP:		
(a)	AMOUNT BI	ENEFICIALLY OWNED:			
See Iten	n 9 on page 2				
(b)	PERCENT OF CLASS:				
See Iten	n 11 on page 2				
(c)NUN	MBER OF SHA	RES AS TO WHICH SUC	TH PERSON HAS VOTING AND DISPOSITIVE POWERS		

See Items 5-8 on page 2

ITEM 5: OWNERSHIP OF FIVE PERCENT OR LESS OF A CLASS:

0

Not Applicable

Schedule 13G	Page 4 of 4 Pages			
ITEM 6:	OWNERSHIP OF MORE THAN FIVE PERCENT ON BEHALF OF ANOTHER PERSON:			
Not Applicable				
ITEM IDENTIFICATION AND CLASSIFICATION OF THE SUBSIDIARY WHICH ACQUIRED THE 7: SECURITY BEING REPORTED ON BY THE PARENT HOLDING COMPANY OR CONTROL PERSON: Not Applicable				
ITEM 8: IDENTIFICATION AND CLASSIFICATION OF MEMBERS OF THE GROUP:				
Not Applicable				
ITEM 9:	NOTICE OF DISSOLUTION OF GROUP:			
Not Applicable	e			
ITEM 10:	CERTIFICATIONS:			

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were acquired and are held in the ordinary course of business and were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect.

## SIGNATURE

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

Date: February 9, 2016

Massachusetts Financial Services Company

By: /s/ DANIEL W. FINEGOLD Daniel W. Finegold Vice President and Assistant Secretary