Edgar Filing: MASTERCARD INC - Form 4

| MASTERC | ARD INC | | | | | | | | | | | | |
|---|---|--|---|--------------|------|------------------------|-----------|--|---|---|---------------------|--|--|
| Form 4 January 20, | 2012 | | | | | | | | | | | | |
| FORM A | | | | | | | | | | OMB APPROVAL | | | |
| UNITED STATES SECU | | | | | | AND EX , D.C. 2 | | OMMISSION | OMB Number: | 3235-0287 | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 Eiled pursuant t | | | | SEC | UI | RITIES | | | Expires: Estimated a burden hour response | | | | |
| obligation may cor <i>See</i> Inst 1(b). | ons Section 17(| (a) of the I | Public U | Itility H | Iol | lding Co | mpa | • | Act of 1934, 1935 or Section) | | | | |
| (Print or Type | Responses) | | | | | | | | | | | | |
| MasterCard Foundation Sym | | | Symbol | | | d Ticker o D INC [N | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | | | | | | ransactior | - | | (Check all applicable) | | | | |
| (Month | | | (Month/ 01/18/2 | th/Day/Year) | | | | | Director Officer (give ti below) | tle $\underline{X}_{10\%}$ Other below) | Owner r (specify | | |
| | | | | - | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (City) | (State) | (Zip) | | | | | ~ | | Person | | | | |
| - | | | | | on-] | | | - | iired, Disposed of, | | - | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deema Execution any (Month/Da | 3. 4. Securities Acquired (A) Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) | | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | Code | v | Amount | or (D) | Price | (Instr. 3 and 4) | | | | |
| Class A Common Stock, par value \$.0001 | 01/18/2012 | | | S | | 7,030 | D | \$ 352.6918 | 3 12,910,788 | D | | | |
| Class A Common Stock, par value \$.0001 | 01/19/2012 | | | S | | 7,030 | D | \$ 350.7520 | 5 12,903,758 | D | | | |
| Class A Common | 01/20/2012 | | | S | | 7,030 | D | \$ 346.5569 | 12,896,728 | D | | | |

Stock, par value \$.0001

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. Transactio Code (Instr. 8) | ionNumber Expiration of (Month/D | | | 7. Title and Amount of Underlying Securities (Instr. 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

| Reporting Owner Name / Address | | Relationsh | | | | |
|--|----------|------------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| MasterCard Foundation 2 ST. CLAIR AVENUE EAST, SUITE 301 TORONTO, A6 M4T 2T5 | | Х | | | | |
| Signatures | | | | | | |
| The MasterCard Foundation By: /s/ Peggy W Officer | | 01/20/2012 | | | | |
| **Signature of Reporting Pe | | Date | | | | |
| E I I (D | | | | | | |

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.