## Edgar Filing: MASTERCARD INC - Form 4

MASTERC Form 4 June 16, 20												
FORM		OT A TES	SECU	DITIES		VCII	ANCE CO	MMECION		PROVAL		
	<b>Washington, D.C. 20549</b>						DIVIDINISSION	OMB Number:	3235-0287			
Check this box if no longer subject to Section 16. Form 4 or							OWNERSHIP OF Estimated avera burden hours pe					
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction Form 5 obligations May continue. See Instruction Form 5 obligations May continue. See Instruction See Instructio							0.0					
(Print or Type	Responses)											
			8					5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (				_	_		(Check	k all applicable)			
				th/Day/Year) 4/2010				Director     _X_ 10% Owner       Officer (give title below)     _Other (specify below)				
	(Street)			endment, D	-	nal		6. Individual or Joi	nt/Group Filin	g(Check		
Filed(Month TORONTO, A6 M4T 2T5				onth/Day/Yea	_X_Form filed b					One Reporting Person More than One Reporting		
(City)	(State)	(Zip)	Tał	ole I - Non-	Derivativ	e Seci		ired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ransaction Date 2A. Deemed onth/Day/Year) Execution Date, if any (Month/Day/Year)			4. Securi oror Dispo (Instr. 3,	sed of		Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Coda V	or		Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
Class A Common Stock, par value \$.0001	06/14/2010			S	8,820	D	\$ 204.7073	13,417,553	D			
Class A Common Stock, par value \$.0001	06/15/2010			S	8,820	D	\$ 206.3386	13,408,733	D			
Class A Common	06/16/2010			S	8,820	D	\$ 209.67	13,399,913	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)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu: Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Stock, par value \$.0001

Reporting Owner Name / Address		Relationsh	ips		
i o	Director	Director 10% Owner Officer Other		Other	
MasterCard Foundation 2 ST. CLAIR AVENUE EAST SUITE 301 TORONTO, A6 M4T 2T5		Х			
Signatures					
The MasterCard Foundation By: /s/ Peggy Woo; Title: Chief Financial 06/16					

<u>\*\*</u>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.

Date