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December 18, 2014 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMB AP OMB	PROVAL 3235-0104		
	INITIAL STATEMENT OF 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					Number: Expires: Estimated a burden hour response n	January 31, 2005 verage		
(Print or Type R	(esponses)								
A SWIDARSKI THOMAS W (Month/Day/   (Last) (First) (Middle)			2. Date of Event Requiring Statement (Month/Day/Year) 12/17/2014				rmbol Amendment, Date Original l(Month/Day/Year)		
5995 MAYFAIR RD, P O BOX 3077				(Check all applicable)					
NORTH	(Street)	720		X Directo Officer (give title belo	or 10% ( Other w) (specify below)	Filing (ww) _X_F Person F	orm filed by More	le Line) Reporting	
CANTON,Â	(State)	/20 (Zip)	Table I - 1	Non-Derivat	tivo Socuriti	•	ting Person		
1.Title of Secur (Instr. 4)			2. Amount of Beneficially (Instr. 4)	of Securities	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		Indirect Benefi	cial	
Reminder: Repo	-		each class of securities benefic	cially S	SEC 1473 (7-02	)			
	inforı requi	mation cont ired to respo	spond to the collection of tained in this form are no ond unless the form disp MB control number.	t					
Т	able II - De	erivative Secu	urities Beneficially Owned (	e.g., puts, calls	, warrants, opt	tions, conver	tible securities)		

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I)	

(Instr. 5)

## **Reporting Owners**

<b>Reporting Owner Name / Add</b>	ress	Relationships					
		rector	10% Owner	Officer	Other		
SWIDARSKI THOMAS W 5995 MAYFAIR RD P O BOX 3077 NORTH CANTON, OHÂ		λx	Â	Â	Â		
Signatures							
/s/ Thomas W. Swidarski	12/18/201	4					
**Signature of Reporting	Date						

## **Explanation of Responses:**

## No securities are beneficially owned

Person

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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.