FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Jewkes Roger S</u>				2. Issuer Name and Ticker or Trading Symbol Fidelity National Financial, Inc. [FNF]										Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title Check (and applicable)) Other (appliful)							
(Last)	(Fi ERSIDE AV		Middle)		3. Date of Earliest Transaction (Month/Day/Year) 11/21/2016										X Officer (give title below) Chief Operat			below	Other (specify below)		
(Street) JACKSONVILLE FL 32204					4. If											Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(51		Zip) e I - No	n-Deriv	ative	Se	curitie	s Ac	nuired	. Dis	posed o	of. 0	r Ber	efici	ally O	wne	ed				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5)				or 5. Amo and Securi Benefi Owned		unt of ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	Code V		Amount (A) or (D)		Price	Reporte Transac (Instr. 3		ction(s)		(Instr. 4)			
FNF Grou	ap Commor	Stock		11/21	/2016				F		4,654		D	\$33.	3.11 110,		74.6411 ⁽¹⁾	D			
FNF Group Common Stock															4	31.21	I	FNF 401(k) account			
FNF Group Common Stock															344,	097.135	I	Jewkes Family Trust			
		Ta									osed of, onvertib				y Ow	ned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year) if	Execution if any	any		4. Transaction Code (Instr. 8)		n of		Exerci on Da Day/Yo		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)]		rivative curity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	or Ni of		ımber	er						

Explanation of Responses:

1. Amount adjusted to reflect shares acquired under the registrant's Employee Stock Purchase Plan.

/s/ Michael L. Gravelle, as attorney-in-fact

** Signature of Reporting Person Date

11/22/2016

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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.

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 Number.