

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
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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>Fidelity National Financial, Inc.</u> _____ (Last) (First) (Middle) 601 RIVERSIDE AVENUE _____ (Street) JACKSONVILLE FL 32204 _____ (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 11/17/2017	3. Issuer Name and Ticker or Trading Symbol <u>Cannae Holdings, Inc. [CNNE]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	64,864,950 ⁽¹⁾	D	
Common Stock	5,706,134 ⁽²⁾	I	See Note 2

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible 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 Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person* <u>Fidelity National Financial, Inc.</u> _____ (Last) (First) (Middle) 601 RIVERSIDE AVENUE _____ (Street) JACKSONVILLE FL 32204 _____ (City) (State) (Zip)

1. Name and Address of Reporting Person* <u>Chicago Title Insurance Co</u> _____ (Last) (First) (Middle) 601 RIVERSIDE AVENUE _____ (Street) JACKSONVILLE FL 32204 _____ (City) (State) (Zip)
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1. Name and Address of Reporting Person* <u>Fidelity National Title Insurance Co</u> _____ (Last) (First) (Middle) 601 RIVERSIDE AVE _____ (Street) JACKSONVILLE FL 32204 _____ (City) (State) (Zip)

1. Name and Address of Reporting Person*

Commonwealth Land Title Insurance Co

(Last) (First) (Middle)

601 RIVERSIDE AVENUE

(Street)

JACKSONVILLE FL 32204

(City)

(State)

(Zip)

Explanation of Responses:

1. Directly owned by Fidelity National Financial, Inc. ("FNF").

2. Chicago Title Insurance Company ("CTIC") directly owns 3,195,435 shares, Fidelity National Title Insurance Company ("FNTIC") directly owns 1,369,472 shares, and Commonwealth Land Title Insurance Company ("CLTIC") directly owns 1,141,227 shares. Each of CTIC, FNTIC and CLTIC are wholly owned subsidiaries of FNF, which indirectly owns such shares.

Remarks:

FIDELITY NATIONAL
FINANCIAL, INC By:
/s/Michael L. Gravelle 11/17/2017

Executive Vice President,
General Counsel and Corporate
Secretary

CHICAGO TITLE
INSURANCE COMPANY By:
/s/Michael L. Gravelle 11/17/2017

Executive Vice President,
General Counsel and Corporate
Secretary

FIDELITY NATIONAL
TITLE INSURANCE
COMPANY By: /s/Michael L. 11/17/2017

Gravelle Executive Vice
President, General Counsel and
Corporate Secretary

COMMONWEALTH LAND
TITLE INSURANCE
COMPANY By: /s/Michael L. 11/17/2017

Gravelle Executive Vice
President, General Counsel and
Corporate Secretary

** Signature of Reporting Person Date

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 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.

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.