Form 4

United States Securities and Exchange Commission
Washington, D.C. 20549

Statement of Changes in Beneficial Ownership of Securities

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
TOWNSEND FRANCES F
THE WESTERN UNION COMPANY, 12500 EAST BELFORD AVENUE
ENGLEWOOD, CO 80112

2. Issuer Name and Ticker or Trading Symbol
Western Union CO [ WU ]

3. Date of Earliest Transaction (MM/DD/YYYY)
2/22/2017

4. If Amendment, Date Original Filed (MM/DD/YYYY)

5. Relationship of Reporting Person(s) to Issuer
(X) Director

6. Individual or Joint/Group Filing (Check Applicable Line)
(X) Form filed by One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>Title of Security (Instr. 3)</th>
<th>Trans. Date</th>
<th>Trans. Code (Instr. 8)</th>
<th>Securities Acquired (A) or Disposed of (D) (Instr. 3 and 4)</th>
<th>Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>2/22/2017</td>
<td>A</td>
<td>7004.0000</td>
<td>30063.0000</td>
<td>D</td>
</tr>
</tbody>
</table>

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Explanation of Responses:

Reporting Owners

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOWNSEND FRANCES F</td>
<td>Director</td>
</tr>
<tr>
<td>THE WESTERN UNION COMPANY</td>
<td>10% Owner</td>
</tr>
<tr>
<td>12500 EAST BELFORD AVENUE</td>
<td>Officer</td>
</tr>
<tr>
<td>ENGLEWOOD, CO 80112</td>
<td>Other</td>
</tr>
</tbody>
</table>

Signatures

Darren Dragovich, As Attorney-in-Fact 2/24/2017

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).


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 control number.