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 *

Thompson John David

2. Issuer Name and Ticker or Trading Symbol

Western Union CO [ WU ]

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

3/17/2017

5. Relationship of Reporting Person(s) to Issuer (Check all applicable)

_____ Director

X ___ 10% Owner

X ___ Officer (give title below) __ Other (specify below)

EVP and CIO

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

6. Individual or Joint/Group Filing (Check Applicable Line)

X Form filed by One Reporting Person

__ Form filed by More than 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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>3/17/2017</td>
<td>F</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Derivative Security (Instr. 3)</th>
<th>Trans. Date</th>
<th>Trans. Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3/17/2017</td>
<td>F</td>
</tr>
</tbody>
</table>

Explanation of Responses:

Reporting Owners

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thompson John David</td>
<td>Director 10% Owner Officer EVP and CIO</td>
</tr>
</tbody>
</table>

Signatures

Darren Dragovich, As Attorney-in-Fact 3/20/2017

**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 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.