Schulin-Zeuthen Segismundo Form 3 March 18, 2008 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

(Print or Type Responses)

1. Name and Addr Schulin-Zeu			2. Date of Event Requiring Statement (Month/Day/Year) 03/18/2008		3. Issuer Name and Ticker or Trading Symbol Visa Inc. [V]					
(Last)	(First)	(Middle)			4. Relations Person(s) to	hip of Reporti Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)			
C.O. VISA ING SAN FRANCISCO,	(Street)				X Direct		b Owner er	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 		
(City)	(State)	(Zip)		Table I - N	on-Deriva	tive Securi	ties Be	eneficially Owned		
1.Title of Security (Instr. 4)				2. Amount of S Beneficially O (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Natu Owner (Instr.	•		
No securities a	re benefici	ally owned		0		D	Â			
Reminder: Report owned directly or i	indirectly.				^{ly} S	EC 1473 (7-02)			
	informat required		ed in this f	orm are not e form display	/s a					

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	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	· · · · ·	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I)	

OMB APPROVAL

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January 31,

2005

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Number:

Expires:

response...

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address		Relationships					
, of the second s	Director	10% Owner	Officer	Other			
Schulin-Zeuthen Segismundo C.O. VISA INC., P.O. BOX 8999 SAN FRANCISCO, CA 94128-8999		Â	Â	Â			
Signatures							
/s/ Ariela St. Pierre Attorney-in-fact	03/18/200	8					
**Signature of Reporting Person	Date						

Explanation of Responses:

* 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.