Visa Inc. Form 3 March 18, 2008 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB Number:

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 Addres SCHARF CH	-	-	2. Date of Event Requiring Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol Visa Inc. [V]						
	, ,	(Middle)	03/18/200	· · · · ·	4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)				
C.O. VISA INC. (S SAN FRANCISCO,Â	Street)				X Direct		Owner	 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) (S	State)	(Zip)		Table I - N	on-Deriva	tive Securit	ies Be	neficially Owned			
1.Title of Security (Instr. 4)				2. Amount of S Beneficially Ov (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Natu Owner (Instr.	*			
No Securities are	e beneficia	ally owned	l	0		D	Â				
Reminder: Report or owned directly or ind	directly. Persons v informatio required t	who respor on contain to respond	nd to the c ed in this f unless the	ollection of orm are not e form display	5.	EC 1473 (7-02)				
	currently	valid OMB	control nu	umber.							

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)	

3235-0104

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Dire	ector	10% Owner	Officer	Other		
SCHARF CHARLES W C.O. VISA INC., P.O. BOX 8999 SAN FRANCISCO, CA 94128-8999	Â	X	Â	Â	Â		
Signatures							
/s/ Ariela St. Pierre 0 Attorney-in-fact	3/18	/200	8				
**Signature of Reporting Person	Da	ate					

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.