FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C.

| Washington, D.C. 20549                       | OMB APPROVAL |           |  |  |
|--|--------------|-----------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number:  | 3235-0287 |  |  |

| Check this box if no longer subject |
|-------------------------------------|
| to Section 16. Form 4 or Form 5     |
| obligations may continue. See       |
| Instruction 1(b).                   |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL             |  |  |  |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287    |  |  |  |  |  |  |  |  |  |
| Estimated average burden |  |  |  |  |  |  |  |  |  |
| hours per response:      |  |  |  |  |  |  |  |  |  |

| 1. Name and Address of Reporting Person*  SADOWSKI PETER T  (Last) (First) (Middle)     |  |       |  |   | Suer Name and Ticker or Trading Symbol     Fidelity National Financial, Inc. [FNF]  3. Date of Earliest Transaction (Month/Day/Year) 11/10/2023 |  |   |       |  |              |                             |   |            | 5. Relationship of Reporting Person(s) to Issue (Check all applicable)  Director 10% Owne X Officer (give title below)  EVP, Chief Legal Officer |   |   |   |  | wner       |  |  |  |
|---|--|-------|--|---|---|--|---|-------|--|--------------|-----------------------------|---|------------|--|---|---|---|--|------------|--|--|--|
| 601 RIVERSIDE AVENUE  |  |       |  |   | 4. If <i>i</i>  | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |       |  |              |                             |   |            |  |   | 6. Individual or Joint/Group Filing (Check Applicable Line) |   |  |            |  |  |  |
| (Street) JACKSONVILLE FL 32204  |  |       |  |   |   |  |   |       |  |              |                             |   |            | X Form filed by One Reporting Person  Form filed by More than One Reporting  Person  |   |   |   |  |            |  |  |  |
| (City) (State) (Zip)  |  |       | Ru   | Rule 10b5-1(c) Transaction Indication   |   |  |   |       |  |              |                             |   |            |  |   |   |   |  |            |  |  |  |
|   |  |       |  |   |   |  |   |       |  |              | saction was mons of Rule 10 |   |            |  |   | uction or writt   | en pla  | n that is inte   | nded to    |  |  |  |
|   |  | Table | I - No                                     | n-Deriva                                | tive S  | Secu   | rities                                  | s Acq | uired,                                 | , Dis        | posed of                    | , or B  | enefic     | ially  | / Own   | ed  |   |  |            |  |  |  |
| Da  |  |       | 2. Transaction<br>Date<br>(Month/Day/Year) |   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)   |  | 3.<br>Transaction<br>Code (Instr.<br>8) |       |  |              |                             | 4 and Securi<br>Benefi<br>Owned                 |            | es<br>ially<br>Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |  |            |  |  |  |
|   |  |       |  |   |   |  |   |       | Code                                   | v            | Amount                      | (A) o<br>(D)                                    | Price      |  | Reporte<br>Transac<br>(Instr. 3                                   | ction(s)<br>3 and 4)  |   |  | (Instr. 4) |  |  |  |
| Common Stock 1  |  |       | 11/10/2                                    | 11/10/2023                              |   |  |   | F     |  | 4,643        | D                           | \$43  | .94 120,69 |  | 96.534(1)   |   | D   |  |            |  |  |  |
| Common Stock  |  |       |  |   |   |  |   |       |  |              |                             |   | 2,606.07   |  | 06.07   |   |   | 401(k)<br>account  |            |  |  |  |
| Common Stock  |  |       |  |   |   |  |   |       |  |              |                             |   |            | 473  |   |   | I   | IRA  |            |  |  |  |
| Common Stock  |  |       |  |   |   |  |   |       |  |              |                             |   | 94,898     |  |   |   | I   | Trust  |            |  |  |  |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |       |  |   |   |  |   |       |  |              |                             |   |            |  |   |   |   |  |            |  |  |  |
| Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any |  |       |  | 4.<br>Transaction<br>Code (Instr.<br>8) |   | of<br>Deriv<br>Secu<br>Acqu<br>(A) o<br>Dispo            | posed<br>D)<br>str. 3, 4                |       |  | ate Amount o |                             | nt of<br>ities<br>lying<br>ative<br>ity (Instr. | Der<br>Sec | Price of rivative curity Str. 5)  Securities Beneficia Owned Following Reported Transacti (Instr. 4)   |   | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4         |   | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |            |  |  |  |
|   |  |       | Code                                       | v                                       | (A)   | (D)  | Date Expiration c                       |       | Amount<br>or<br>Number<br>of<br>Shares |              |                             |   |            |  |   |   |   |  |            |  |  |  |

## **Explanation of Responses:**

 $1.\ Amount\ adjusted\ to\ reflect\ shares\ acquired\ under\ the\ registrant's\ Employee\ Stock\ Purchase\ Plan.$ 

/s/ Colleen E. Haley, as attorney-in-fact

11/13/2023

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (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.