PARTRIDGE JOHN Form 3 March 18, 2008 **FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**OMB OMB

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 PARTRIDGE	•	ng Person <u>*</u>	2. Date of Event Requiring Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol Visa Inc. [V]					
(Last) (F	First)	(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.	, P.O. BO	X 8999								
(S	treet)				Directo		Owner	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting		
SAN FRANCISCO,Â	CAÂ 941	28-8999				orOthe ow) (specify be Operating Offic	low)	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.	1		
No securities are	beneficia	lly owned		0		D	Â			
Reminder: Report on owned directly or inc	lirectly.				ly Si	EC 1473 (7-02)			
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.										

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	(Instr. 4) Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I)	

OMB APPROVAL

Estimated average burden hours per

Number:

Expires:

response...

3235-0104

January 31,

2005

0.5

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
PARTRIDGE JOHN C.O. VISA INC., P.O. BOX 8999 SAN FRANCISCO, CA 94128-8999	Â	Â	Chief Operating Officer	Â			
Signatures							
/s/ Ariela St. Pierre Attorney-in-fact)3/18/200	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.