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2005

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GS Capital Partners VI Parallel LP Form 3 June 24, 2015 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB Number 3235-0104

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)

 Name and Address of Reporting Person <u>*</u> Â GOLDMAN SACHS GROUP INC 		2. Date of Event Requiring Statement (Month/Day/Year) 06/24/2015	3. Issuer Name and Ticker or Trading Symbol TransUnion [TRU]				
(Last)	(First)	(Middle)		4. Relationshi Person(s) to I	ip of Reporting ssuer	Ş	5. If Amendment, Date Original Filed(Month/Day/Year)
200 WEST STREET							
	(Street)			(Check all applicable)			6. Individual or Joint/Group
NEW YORF	K, NYÂ	10282		Director Officer (give title below	Other	r	Filing(Check Applicable Line) Form filed by One Reporting Person _X_ Form filed by More than One Reporting Person
(City)	(State)	(Zip)	Table I - I	Non-Derivat	tive Securiti	ies Bei	neficially Owned
1.Title of Secur (Instr. 4)	rity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	•
Common Sto	ock, \$0.01	par value	72,355,34	0	Ι	See f	$\begin{array}{c} \hline \text{controtes } (\underline{1}) \ \underline{(2)} \ \underline{(3)} \ \underline{(4)} \ \underline{(5)} \ \underline{(6)} \end{array}$
Reminder: Repo owned directly	or indirectly Perso	ons who res	ach class of securities benefic pond to the collection of	i S	EC 1473 (7-02	2)	
required to respon			ained in this form are no and unless the form disp MB 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	3. Title and Amount of Securities Underlying	4. Conversion	5. Ownership	6. Nature of Indirect Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
		Title	Derivative	Security:	
			Security	Direct (D)	

Date	Expiration	Amount or	or Indirect
Exercisable	Date	Number of	(I)
		Shares	(Instr. 5)

Reporting Owners

Reporting Owner Name / Address		Relationships				
		Director	10% Owner	Officer	Other	
GOLDMAN SACHS GROUP INC 200 WEST STREET NEW YORK, NY 10282		Â	ÂX	Â	Â	
GOLDMAN SACHS & CO 200 WEST STREET NEW YORK, NY 10282		Â	ÂX	Â	Â	
GS Capital Partners VI Fund, L.P. 200 WEST STREET NEW YORK, NY 10282		Â	ÂX	Â	Â	
GS Capital Partners VI Parallel LP 200 WEST STREET NEW YORK, NY 10282		Â	ÂX	Â	Â	
GS Advisors VI, L.L.C. 200 WEST STREET NEW YORK, NY 10282		Â	X	Â	Â	
SpartanShield Holdings 200 WEST STREET NEW YORK, NY 10282		Â	ÂX	Â	Â	
GS Capital Partners VI GmbH & Co 200 WEST STREET NEW YORK, NY 10282	o KG	Â	ÂX	Â	Â	
GOLDMAN, SACHS MANAGEM 200 WEST STREET NEW YORK, NY 10282	ENT GP GMBH	Â	X	Â	Â	
MBD 2011 Holdings, L.P. 200 WEST STREET NEW YORK, NY 10282		Â	X	Â	Â	
MBD 2011 Offshore Advisors, Inc. 200 WEST STREET NEW YORK, NY 10282		Â	ÂX	Â	Â	
Signatures						
/s/ Yvette Kosic, Attorney-in-fact	06/24/2015					
**Signature of Reporting Person	Date					
/s/ Yvette Kosic,	06/24/2015					

Attorney-in-fact	
**Signature of Reporting Person	Date
/s/ Yvette Kosic, Attorney-in-fact	06/24/2015
**Signature of Reporting Person	Date
/s/ Yvette Kosic, Attorney-in-fact	06/24/2015
**Signature of Reporting Person	Date
/s/ Yvette Kosic, Attorney-in-fact	06/24/2015
**Signature of Reporting Person	Date
/s/ Yvette Kosic, Attorney-in-fact	06/24/2015
**Signature of Reporting Person	Date
<u>**</u> Signature of Reporting Person /s/ Yvette Kosic, Attorney-in-fact	Date 06/24/2015
/s/ Yvette Kosic,	
/s/ Yvette Kosic, Attorney-in-fact	06/24/2015
/s/ Yvette Kosic, Attorney-in-fact <u>**</u> Signature of Reporting Person /s/ Yvette Kosic,	06/24/2015 Date
/s/ Yvette Kosic, Attorney-in-fact **Signature of Reporting Person /s/ Yvette Kosic, Attorney-in-fact	06/24/2015 Date 06/24/2015
/s/ Yvette Kosic, Attorney-in-fact **Signature of Reporting Person /s/ Yvette Kosic, Attorney-in-fact **Signature of Reporting Person /s/ Yvette Kosic,	06/24/2015 Date 06/24/2015 Date
/s/ Yvette Kosic, Attorney-in-fact **Signature of Reporting Person /s/ Yvette Kosic, Attorney-in-fact **Signature of Reporting Person /s/ Yvette Kosic, Attorney-in-fact	06/24/2015 Date 06/24/2015 Date 06/24/2015

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).
- (1) See item 1 in Exhibit 99.1.
- (2) See item 2 in Exhibit 99.1.
- (3) See item 3 in Exhibit 99.1.
- (4) See item 4 in Exhibit 99.1.
- (5) See item 5 in Exhibit 99.1.
- (6) See item 6 in Exhibit 99.1.

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.