XEROX CORP

Form 3

January 05, 2016								
FORM 3 UNITED STA	OMB APPROVAL							
	OMB 3235-0104 Number:							
INITIAL	January 31,							
SECURITIESExpired2005Filed 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 1940Estimated average burden hours per response0.5								
(Print or Type Responses)								
1. Name and Address of Reporting Person <u>*</u> VARON LESLIE F	Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol XEROX CORP [XRX]						
(Last) (First) (Middle) 45 GLOVER AVENUE, P.O. BOX 4505	2	 Relationship of Repor Person(s) to Issuer (Check all applica) 	Filed	Amendment, Date Original (Month/Day/Year)				
(Street) NORWALK, CT 06856-4505	(ther Filing below) _X_F Person F	lividual or Joint/Group g(Check Applicable Line) form filed by One Reporting torm filed by More than One ting Person				
(City) (State) (Zip)	Table I - No	on-Derivative Secu	rities Benefic	ially Owned				
1.Title of Security (Instr. 4)	2. Amount of 9 Beneficially O (Instr. 4)		p Ownership (Instr. 5)	Indirect Beneficial				
Common Stock	225,242	D	Â					
Common Stock	3,510.47	Ι	Employee	Stock Ownership Plan				
Common Stock	5	Ι	Spouse					
Restricted Stock Units	30,865	D	Â					
Xerox Stock Fund	804.931	Ι	Xerox Sto	ck Fund				
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1473 (7-02)

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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(Instr. 4)	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	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)	

Reporting Owners

Reporting Owner Name / Address	Relationships					
, , , , , , , , , , , , , , , , , , ,	Director	10% Owner	Officer	Other		
VARON LESLIE F 45 GLOVER AVENUE P.O. BOX 4505 NORWALK, CT 06856-4505	Â	Â	CFO (Interim)	Â		
Signatures						
Karen Boyle, Attorney in Fact	01/05/20)16				
**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.