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Nazemetz Patrici Form 4	ia M										
September 17, 20											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							MMISSION	OMB AP OMB Number:	PROVAL 3235-0287		
Check this bo if no longer subject to Section 16. Form 4 or	OF CHANGES	Washington, D.C. 20549 F CHANGES IN BENEFICIAL OWNE SECURITIES					Expires: January 3 Expires: 20 Estimated average burden hours per response 0				
Form 5 obligations may continue. See Instruction 1(b).	Section 17	(a) of th	to Section 16(a) of the Public Utility (h) of the Investm	Holding (Company	/ Act	of 19				
(Print or Type Respo	onses)										
1. Name and Address of Reporting Person <u>*</u> Nazemetz Patricia M			Symbol	I.				Relationship of Reporting Person(s) to suer			
(Last)	(First)	(Middle)	3. Date of Earlie	3. Date of Earliest Transaction					k all applicable)		
XEROX CORPORATION, 45 GLOVER AVENUE, P.O. BOX 4505			(Month/Day/Ye 09/16/2008	09/16/2008 —				X_ Director 10% Owner Officer (give title Other (specify low) below)			
	(Street)		Filed(Month/Day/Year) Ap				. Individual or Joint/Group Filing(Check pplicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting				
NORWALK, C	Г 06856-450)5					Per	Form filed by Mo	ore than One Rep	oorting	
(City)	(State)	(Zip)	Table I - N	on-Deriva	tive Securi	ities A	cquire	ed, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	(Month/Day/Year) E: ar		Execution Date, if any	3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
(No				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)		
Non-Derivative Securities Beneficially Owned)								0	D		

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

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount of Number of Shares
Phantom Shares	<u>(1)</u>	09/16/2008		D		3,237.8016 (2) (3)	(1)	<u>(1)</u>	Common Stock	3,237.80

Reporting Owners

Reporting Owner Name / Address		Relationships					
Reporting Owner Fund, Fran	Director	10% Owner	Officer	Other			
Nazemetz Patricia M XEROX CORPORATION 45 GLOVER AVENUE, P.O. BOX 4505 NORWALK, CT 06856-4505		Х					
Signatures							
Patricia M. 09/1 Nazemetz	7/2008						

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Phantom stock granted and dividend phantom stock credited to a participant's account under the Company's Director Share Plan may be settled in cash only after the participant ceases to serve as a director of the Company.
- (2) Includes dividend phantom stock acquired pursuant to the dividend reinvestment feature included in the Company's Director Share Plan which is exempt from reporting under Rule 16a-11.
- (3) All of the equity securities (common stock and phantom stock) in the Company previously reported by me as beneficially owned have automatically been sold at \$28.50 per share resulting from the sale of the Company.

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.

**Signature of

Reporting Person