FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| Check this box if no longer subject | | | | | |
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| to Section 16. Form 4 or Form 5 | | | | | |
| obligations may continue. See | | | | | |
| Instruction 1(b). | | | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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

| Name and Address of Reporting Person* Heiss Xavier | | | | | 2. Issuer Name and Ticker or Trading Symbol Xerox Holdings Corp [XRX] | | | | | | | | | Check | all app | o of Reportin licable) tor er (give title | ng Per | rson(s) to Is 10% O Other (| wner |
|--|--|---------|--------------|---|---|---|---|---|--|-----|---|---------|---|---|--|--|--|-----------------------------------|---------|
| (Last) (First) (Middle) XEROX HOLDINGS CORPORATION 201 MERRITT 7 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/13/2023 | | | | | | | | X | below) EVP ar | | nd C | below) | Specify |
| (Street) NORWA | ALK CI | ate) (Z | 6851 Zip) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | L | ine) X | Form Form Perso | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or B | enefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | Execution D | | Date, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | 4 and Secur Benef | | rities For ficially (D) d Following (I) | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | | v | Amount | (A) (D) | or Price | е | Transa | saction(s) : 3 and 4) | | | (50. 4) |
| Common Stock 01/1 | | | | 01/13/2 | 2023 | | | | F | | 2,381(1) | D | \$16 | 5.73 91 | | ,928(2) | | D | |
| Restricted Stock Units | | | | | | | | | \top | | | | 41,834(2) | | D | | | | |
| | 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) | ative or Exercise (Month/Day/Year) 3) Price of Derivative Security Security Execution Date, if any (Month/Day/Year) | | Code (8) | Transaction Code (Instr. 8) Se Ad Di of | | osed) r. 3, 4 | 6. Date Exerc Expiration Da (Month/Day/\) | | te Amou Secur Under Deriv Secur 3 and | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares | | rice of ivative urity tr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

- 1. Common stock withheld as payment of tax liability incident to the vesting of restricted stock units ("RSUs") granted in accordance with Rule 16b-3.
- 2. On January 13, 2023, 4,320 RSUs held by the insider vested. These amounts have been adjusted to reflect a decrease of 4,320 RSUs and a corresponding increase of 4,320 shares of common stock acquired upon vesting.

Remarks:

/s/ Flor Colon, Attorney-in-

** Signature of Reporting Person

01/18/2023

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

- * 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.