FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| ngton, D.C. 20549 | OMB APPROVAL |
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| | |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average b | urden | | | | | | | | |
| 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

| 1. Name and Address of Reporting Person* <u>BRITT GLENN</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol XEROX CORP [XRX] | | | | | | | | | | | all app | olicable) ctor | g Person(s) to Issuer 10% Owner Other (speci below) | | wner |
|---|---|--|--|------------------------------|--|---|---|-------|------------------------------------|---------------|---------------------|--|------------------------------------|-------------|---|---|---|---|------------------------|---|
| | VER AVEN | (First) (Middle) R AVENUE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/15/2014 | | | | | | | | | | Officer (give title below) | | | | |
| P.O. BOX 4505 (Street) NORWALK CT 06856-450 | | | | 05 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (City) | | | Zip) | | Form filed by More than One F Person | | | | | | | | | пе кер | orting | | | | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Sec | curitie | s Acc | quired, | Dis | posed o | f, oı | r Ben | efici | ally | Owne | ed | | | |
| Da | | | | Date | (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | Disposed | . Securities Acquired (A) isposed Of (D) (Instr. 3, 4) | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | Amount | | | | (A) or (D) | Price | • | Transaction(s) (Instr. 3 and 4) | | | | (11341.4) | | | |
| Deferred | red Stock Units 01/15/2 | | | | | | | | A | | 5,264(1 | 1) A \$12 | | 2.35 136,29 | | 6,295(2) | D | | | |
| | | Та | | | | | | | , | | sed of, onvertib | | | | • | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, Transacti Code (Ins | | | | | 6. Date E Expiratio (Month/I | on Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | | Deri Secu | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D) or Indirect (I) (Instr. | n: ct (D) direct | Beneficial Ownership (Instr. 4) |
| | | | | | Code | ,, | (4) | | Date Evercisa | | Expiration | Title | of | nber | | | | | | |

Explanation of Responses:

- 1. Deferred Stock Units issued as payment of fees under the terms of the 2004 Non-Employee Directors Compensation Plan.
- 2. This amount includes 776 shares paid on 7/31/2013 and 727 shares paid on 10/31/2013 from the reinvestment of dividend equivalents paid on Deferred Stock Units held as of 6/30/2013 and 9/30/2013, respectively.

Karen Boyle, Attorney in Fact 01/16/2014

** Signature of Reporting Person Date

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.