(Last)

SUITE 1210

(First)

445 HAMILTON AVENUE

(Middle)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287 d average burden r response: 0.5

> > 7. Nature of Indirect Beneficial Ownership (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

X Section obligation	this box if no lo 16. Form 4 or ons may conti tion 1(b).		STAT		d purs	uant to	Section	on 16(a	of the Secur	ities Exchan	ige Act o		RSI	НP	Es		mber: d average burd r response:	3235-028 en 0
1. Name and Address of Reporting Person* ICAHN CARL C					2. I:	or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol XEROX CORP [XRX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (checking))				
(Last) (First) (Middle) C/O ICAHN ASSOCIATES HOLDING LLC 767 FIFTH AVE., SUITE 4700					3. Date of Earliest Transaction (Month/Day/Year) 05/13/2018							Officer (give title X Other (specify below) Former Member of 10% group)``		
(Street) NEW YORK NY 10153					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person					
(City)	(S	State)	(Zip)															
			le I - Noi						quired, Di	_						1.		I
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					ar) E	any	ned n Date, Day/Yea	Code (Inst		d Of (D) ((Instr. 3, 4		and Securities Beneficially Owned Followin Reported		F:	Ownership orm: Direct O) or Indirect) (Instr. 4)	7. Nature of Indired Beneficia Ownersh (Instr. 4)	
		Ta							ired, Disp options, o		or Be	neficia		1.				
1. Title of Derivative Security (Instr. 3) Convers or Exerc Price of Derivatin Security		3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transa Code (8)		of Deriv Secu Acqu (A) o Dispo	r osed) r. 3, 4	Expiration Da	. Date Exercisable and xpiration Date Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Price of rivative curity str. 5)	9. Numb derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4)	re es ally g d tion(s)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natur of Indire Beneficia Ownersh (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amoun or Numbe of Shares	r					
1	nd Address o	f Reporting Person [*]																
	HN ASSO	(First) CIATES HOLDI SUITE 4700	(Midd	ile)														
(Street) NEW YO	ORK	NY	1015	53														
(City)		(State)	(Zip)															
		f Reporting Person [*] LIMITED PAI		<u>SHIP</u>														
(Last) 445 HAN SUITE 1	MILTON A 210	(First) VENUE	(Midd	lle)														
(Street) WHITE	PLAINS	NY	1060)1														
(City)		(State)	(Zip)															
	nd Address o	f Reporting Person* IERS LP																

(Street) WHITE PLAINS	NY	10601							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person* ICAHN PARTNERS MASTER FUND LP									
(Last)	(First)	(Middle)							
	445 HAMILTON AVENUE								
SUITE 1210									
(Street)									
WHITE PLAINS	NY	10601							
(City)	(State)	(Zip)							

Explanation of Responses:

Remarks:

On May 13, 2018, Carl C. Icahn and the reporting persons controlled by him (collectively, the "Reporting Persons") terminated the "group" (within the meaning of Section 13(d)(3) of the Securities Exchange Act of 1934 (the "Act")) they previously formed with Mr. Darwin Deason and his affiliates, and, as a result, the Reporting Persons are no longer considered a 10% beneficial owner of any class of securities of Xerox Corporation. Therefore, the Reporting Persons are no longer subject to Section 16 of the Act with respect to any class of securities of Xerox Corporation and will no longer report transactions in any such securities on Form 4 or Form 5.

 Carl C. Icahn
 05/15/2018

 High River Limited Partnership
 05/15/2018

 Icahn Partners LP
 05/15/2018

 Icahn Partners Master Fund LP
 05/15/2018

 ** Signature of Reporting Person
 Date

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

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.

^{*} 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).