FORM 5

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

		00540
Washington,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPROVAL						
OMB Number: 3235-036						
Estimated average burden						
hours per response:	1.0					

Form 3 Holdings Reported.

Form 4	Transactions	Reported.	Fil	ed pursuant to or Sectio	o Sect in 30(h	ion 16) of th	i(a) of the	e Secu ment C	rities Excha Company Ad	ange Act at of 1940	of 193	4								
1. Name and Address of Reporting Person* KABURECK GARY R				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 X Officer (give title Other (specify below) below) Vice Pres. & Chief Accountant								
(Last) (First) (Middle) P. O. BOX 1600					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2004														;	
800 LONG RIDGE ROAD			_ 4. If Amer	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 Form filed by More than One Reporting Person							
(Street) STAMFORD CT 06904				-																
(City)	(S	tate)	(Zip)																	
		Tab	le I - Non-Deri	vative Sec	uriti	es A	cquire	ed, D	isposed	of, or	Bene	ficial	y Owned	i						
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution D	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		Securities Acquired (A) or Dispos (D) (Instr. 3, 4 and 5)		osed	5. Amount Securities Beneficial Owned at	ly end of	Form: I (D) or	Ownership II Form: Direct ED) or C		7. Nature of ndirect Beneficial Ownership				
									int	(A) or (D)	Price		Issuer's Fi Year (Instr 4)		Indirec (Instr. 4			str. 4)		
Common	Stock												6,360.	.036	Ι	D				
Common Stock												3,515	3,515.18			Employee Stock Ownership Plan				
Incentive Stock Rights												19,000		Γ	D					
		7	able II - Deriva										Owned		<u> </u>					
1. Title of	2.	3. Transaction	(e.g.,)	outs, calls	5, wa					_		ties)	8. Price of	a Numi	ner of	10.		11. Nature		
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security		Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)	of		Expiration Date (Month/Day/Year) ed		Amour Securi Under Deriva	7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		Derivative Security (Instr. 5)			Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		of Indirect Beneficial Ownership (Instr. 4)			
					Or No	umber														
					(A)	(D)	Date Exercis	able	Expiration Date	Title	of SI	nares								
Stock Option	\$4.75						01/01/2	002 ⁽²⁾	12/31/2010	Comm		0,500		10,5	500	D				
Stock Option	\$7.885						01/01/2	004 ⁽²⁾	12/31/2012	Comm		3,400		23,4	,400 D		D			
Stock Option	\$10.365						01/01/2	003 ⁽²⁾	12/31/2011	Comm		4,100		14,1	100 D		D			
Stock Option	\$21.7812						01/01/2	001 ⁽²⁾	12/31/2009	Comm		3,310		3,3	10	D				
Stock Option	\$25.8125						03/01/	2003	12/31/2009	Comm		2,081		2,0	81	1 D				
Stock Option	\$44.1563						01/01/1	999(2)	12/31/2005	Comm		3,000		3,0	00	D				
Stock Option	\$59.4375						01/01/2	000 ⁽²⁾	12/31/2006	Comm		414		41	414					
Stock Option	\$59.4375						01/01/2	000 ⁽²⁾	12/31/2008	Comm		2,600		2,6	2,600					
Stock Option	\$13.685						01/01/2	005 ⁽²⁾	12/31/2011	Comm		1,000		31,0	31,000					

Explanation of Responses:

K.W. Fizer, Attorney-In Fact

02/09/2005

** Signature of Reporting Person

^{2.} Options vest over three years, 33.3% per year beginning in year shown.

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

 $^{^{\}star}$ 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.