FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					1						прапу Аст С									
1. Name ar Miller	2. Issuer Name and Ticker or Trading Symbol Xerox Holdings Corp [XRX]									(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner									
		_			2 Dot													10% Ov		
(Last)	3. Date of Earliest Transaction (Month/Day/Year) 05/25/2023										belo	cer (give title w)		Other (s	specify					
XEROX 201 MEI	HOLDIN	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)									
201 WIEI	XXIII /												X Form filed by One Reporting Person							
(Street) NORWALK CT 06851															Form filed by More than One Reporting Person					
	LIC C	00031			Rule	10 ح)h5-1	(c)	Trans	sac	tion Ind	icat	tion							
(City)	(9	tate) (7	7in)		' ' '	, 10	700 1	(ر	man	Juo	tion ind	icai								
(City) (State) (Zip)						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	l - No	n-Deriva	tive S	ecui	ities A	cq	uired,	Dis	posed of	, or	Ben	eficia	lly Ow	ned				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/						Execu if any	Deemed cution Date, y nth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (Disposed Of (D) (Instr. 5)			Secu Bene Owne Follo	5. Amount of Securities Beneficially Owned Following		Direct ct (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
		Code	v	Amount	(A (D	N) or D)			Price		rted saction(s) . 3 and 4)									
Deferred	Stock Uni	023			A		22,561 ⁽²)	A	\$0.00	00 55,966 ⁽³⁾			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 Conversion Date Execution Date, if any			4. Transaction Code (Instr. 8)		5. Number of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3 and 5)	ive ies ed	6. Date E Expiration (Month/I		and 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and) [(b. Price of Derivative Security Instr. 5)		y G G O (I	0. Ownership Form: Direct (D) Ir Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A) (I	D)	Date Exercisa	able	Expiration Date	Title	or Num of							

Explanation of Responses:

- 1. Each Deferred Stock Unit (DSU) represents the right to receive one share of common stock upon the reporting person's termination of service as a director or death, subject to any applicable deferral period.
- 2. These DSUs will vest on May 25, 2024.
- 3. Balance adjusted to reflect 529 DSUs awarded June 30, 2022; 593 DSUs awarded September 30, 2022; 559 DSUs awarded December 31, 2022; and 543 DSUs awarded March 31, 2023 from dividend equivalents attributable to DSUs held as of the relevant record dates.

Remarks:

/s/ Flor M. Colon, Attorneyin-Fact

05/31/2023

** 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.