FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burden									
l	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 or Section 30(h) of the Investment Company Act of 1940

					1						inpuny Act (			_							
1. Name ar Giorda	2. Issuer Name <b>and</b> Ticker or Trading Symbol  Xerox Holdings Corp [XRX]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)											
Giorda											X c	Directo	or		10% Ov	wner					
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 05/25/2023										Office elow)	r (give title )		Other (s	specify	
XEROX	Δ If Δr	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable										
201 MERRITT 7						4. II Allienument, Date of Original Fliet (Month/Day/Teal)								Lin	Line)						
,	1										X Form filed by One Reporting Person										
(Street) NORWALK CT 06851															Form filed by More than One Reporting Person						
					Rule 10b5-1(c) Transaction Indication																
(City)	(Si	ate) (2	e) (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	I - No	n-Deriva	tive S	ecui	rities	Acc	uired,	Dis	posed of	f, or	r Ben	eficia	ally C	)wn	ed				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/					Execution Da			oate,	3. Transaction Code (Instr. 8)		4. Securities Acquired (AD Disposed Of (D) (Instr. 35)			l (A) or . 3, 4 an	3, 4 and Sec Ben Owr Foll		Amount of ecurities eneficially wned ollowing		n: Direct or ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(	(A) or (D)	Price			orted saction(s) r. 3 and 4)				
Deferred	2023				A		22,197(2)		Α	\$0.0	0	38,690(3)			D						
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
				(e.g., pu	ts, cai	is, v	varra	ants,	option	15, 0	onvertio	ne s	secui	rities							
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		Secu Acqu (A) o Disp of (D	vative irities uired or osed ) r. 3, 4	6. Date I Expirati (Month/I	on Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		f g	3. Price Derivat Securit (Instr. 5	urity Securi		у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Expiration Date		Titl	or Nui of	mber ares	r							

## 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 293 DSUs awarded September 30, 2022; 276 DSUs awarded December 31, 2022; and 268 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.