## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Nachington	$D \subset$	205/10
Washington,	D.C.	20549

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	OMB APPROVAL								
OMB Number: 3235-03									
Estimated average t	Estimated average burden								
hours per response:	1.0								

Form 3 Holdings Reported.

Instruction 1(b)

Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) or Dispo	Expirerivative securities cquired of the country of		ate Exercisable and iration Date nth/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
		Та	ble II - Derivat (e.g., p	ive Secur uts, calls,	ities warr	Acquarants,	ired, opti	Dispons, o	osed of, converti	or Be	neficial curities	lly O	wned					
Common	Stock		12/03/2014			G			365	D	\$0	0		219,618		D		
Common	Stock		12/03/2014		G		3	1	,825	D	\$0		219,618		18 D			
Common	Stock		12/24/2014			G			180	D	D \$0		219,618			D		
Common	Stock		12/26/2014		G		j	4	,000	D	\$0		219,618			D		
1. Title of Security (Instr. 3)		Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		Of (D) (Instr. 3, 4 a			d 5)		Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Indirect Beneficial Ownership (Instr. 4)		
1. Title of Se	curity (Instr 3		e I - Non-Deriv	ative Sec		s Ac	quire	1	sposed (			_	Owne		6.	Т	7. Nature of	
(City)	(Sta	ate) (2	Zip)										1 615	V11				
(Street) NORWALK CT 06856-4505												Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
P.O. BOX 4505				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Last) 45 GLOV	(Fir ER AVEN	,	Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2014						Year)	X Officer (give title Other (specify below)  Ex Vice Pres, Gen Coun & Sec'y							
1. Name and Address of Reporting Person*  LIU DON H				2. Issuer Name <b>and</b> 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 (specify							

**Explanation of Responses:** 

Karen Boyle, Attorney in Fact 02/04/2015

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).