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

| Machinatan | D C | 20540 |
|-------------|------|-------|
| Washington, | D.C. | 20549 |

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

| OMB APPROVAL | | | | | | | | | |
|-------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0362 | | | | | | | | |
| Estimated average | | | | | | | | | |
| hours per respons | e: 1.0 | | | | | | | | |

Form 3 Holdings Reported.

Instruction 1(b)

| Form 4 | Transactions R | eported. | File | ed pursuant to or Section | | | | | | | | | | | | | | |
|--|---|--|---|---|---|--|--|--------|--|---|---------|--------------------------------------|--|-----------------------|---------------|--|--|--|
| 1. Name and Address of Reporting Person* BURNS URSULA M | | | | 2. Issuer Name and Ticker or Trading Symbol XEROX CORP [XRX] | | | | | 5. Relationship of Reporting Person(s) to (Check all applicable) X Director 10% | | | | | Solssuer Solsoner | | | | |
| (Last) (First) (Middle) 3. Statement f 45 GLOVER AVENUE P.O BOX 4505 | | | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2014 | | | | | | | X Office below | er (specify w) | | | | | |
| (Street) NORWAI | | | 06856-4505 Zip) | 4. If Amen | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - Non-Deri\ | ative Sec | uritie | es Ac | quir | ed, Di | sposed | of, o | r Benef | icia | lly Owne | ed | | | | |
| Date (Month/Day/Year) | | Execution Date, if any | | 3. Transaction Code (Instr. 8) | | | | sed | 5. Amour Securitie Beneficia Owned a | es Own ally Form at end of (D) o | | ership n: Direct or ect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | | | Amount | | (A) or (D) | | | Year (Ins | | | | | |
| Xerox Stock Fund | | | | | | | | | | | | | 79,057 | 7.2683 ⁽¹⁾ | | I | Owned by Spouse | |
| 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instrand 5 | rative rities ired r osed) | 6. Date Exercisable ar Expiration Date (Month/Day/Year) Date Exercisable Expirati | | ear) | Amount of Securities Underlying Derivative Security (Instr. and 4) | | r. 3 unt per | Rep Trar (Insi | | i i ily | 10. Ownersh Form: Direct (Di or Indirec (I) (Instr. | Beneficial Ownership tt (Instr. 4) | |

Explanation of Responses:

1. Balance reflects 3,294.1931 units sold pursuant to Internal Revenue Service's mandatory distribution rules in spouse's 401k account.

Karen Boyle, Attorney in Fact 02/04/2015

** Signature of Reporting Person

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.