FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPR	OVAL							
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

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

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. Name and Address of Reporting Person* KOPPER HILMAR						2. Issuer Name and Ticker or Trading Symbol XEROX CORP [XRX]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) 800 LONG RIDGE ROAD P. O. BOX 1600					07/	3. Date of Earliest Transaction (Month/Day/Year) 07/15/2005 Officer (give title below) below) Other (specify below)															
(Street) STAMFORD 06904						4. If Amendment, Date of Original Filed (Month/Day/Year) 07/19/2005									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																		
		Tab	le I - No			_			-	d, Di	-				lly Own	ed					
Di				Date	ransaction e onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		, Tran Code	Transaction Dispose Code (Instr.			ities Acquired (A) o d Of (D) (Instr. 3, 4		l 5) Secu Bene	icially d Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	:	(A) or (D)	Price	Trans	action(s) 3 and 4)			(11150.4)		
Common	Stock															37,452		D			
Deferred Stock Unit				07/15	5/2005				A ⁽¹⁾		2,36	2,366 A ⁽⁴⁾		\$13.	74	4 9,392		D			
		٦	Гable II -								oosed o				y Owne	t					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	ed n Date,		I. Fransaction Code (Instr.		5. Number 6.		6. Date Exercisable a Expiration Date (Month/Day/Year)			ole and 7. Title and Amount of		8. Price Derivati Security (Instr. 5)		Ownersh Form: Direct (D or Indirect (I) (Instr.		Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiratior Date	ı Tit		Amoun or Number of Shares							
Stock Option	\$10.5								01/01/20	04 ⁽²⁾	05/15/201		ommon Stock	5,000		5,000	0	D			
Stock Option	\$6.8								01/01/20	03 ⁽²⁾	09/09/201		ommon Stock	5,000		5,000	0	D			
Stock Option	\$9.25								01/01/20	02 ⁽²⁾	08/28/201	ы.	ommon Stock	5,000		5,000	0	D			
Stock Option	\$26.5625								01/01/19	97 ⁽³⁾	05/22/200		ommon Stock	1,700		1,700	0	D			
Stock Option	\$27								01/01/20	01 ⁽²⁾	05/18/201		ommon Stock	5,000		5,000	0	D			
Stock Option	\$32.1563								01/01/19	98 ⁽³⁾	05/14/200		ommon Stock	3,350		3,350	0	D			
Stock Option	\$54.2188								01/01/19	99 ⁽²⁾	05/22/200		ommon Stock	5,000		5,000	0	D			
Stock Option	\$60.4375								01/01/20	00 ⁽²⁾	05/20/200		ommon Stock	5,000		5,000	0	D			

Explanation of Responses:

- 1. Deferred Stock Unit issued as payment of fees under the terms of the 2004 Non-Employee Directors Compensation Plan
- 2. Options vest over three years, 33.3% per year beginning in year shown.
- 3. Options vest over three years, 33%, 33%, 34%, beginning in year shown.
- 4. To indicate correction of transaction code from "D" to "A" . Transaction amount and balance were reported correctly on original Form 4.

01/17/2006 K. W. Fizer, Attorney-In-Fact

** 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.