FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
bligations may continue. See
activation 1/h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Bogan Dan					2. Issuer Name and Ticker or Trading Symbol NCR CORP [NCR]									neck all a Dir	pplicable) ector	ng Person(s) to I	Owner	
(Last) (First) (Middle) 2651 SATELLITE BOULEVARD					3. Date of Earliest Transaction (Month/Day/Year) 02/07/2011										icer (give title ow) SVP, NCR	below Consumables	(specify)	
(Street) DULUTF (City)			30096 Zip)			4. If Amendment, Date of Original Filed (Month/Day/Year) 10/26/2007							6. Lin	e) <mark>X</mark> Fo Fo	ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,			3. Transaction Code (Instr. 3, 2) 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 2) 5)					I Secu Bene	ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	() 1)	A) or D)	Price	Trans	saction(s) : 3 and 4)		(111511.4)
Common Stock				02/07/	'/2011				A		2,230(1	L)	A	\$ <mark>0</mark>	28,	728.285 ⁽²⁾	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)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any		ay/Year)	4. Transa Code (8)	Instr.	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Numbe of Shares		ount	8. Price o Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

- 1. These are time-based restricted stock units that will vest on February 7, 2013, provided the reporting person is employed by the Company on that date.
- 2. Share total includes 10,046.398 shares that, due to an administrative error, had not been included in column 5 of prior Form 4s filed on behalf of the reporting person. In 2007, the Company completed a spin-off of a division of the Company into an independent, publicly-held company now known as Teradata Corporation. In connection with the spin-off, the number of shares underlying outstanding equity awards was adjusted. In prior Form 4s, the adjusted number of shares was reported incorrectly. The share total reported in this column reflects the corrected number of shares, which consists of an additional 6,697.317 shares. The remaining 3,349.081 shares were acquired by the reporting person under the Employee Stock Purchase Plan between February 2008 and January 2011.

Chanda L. Kirchner, Attorneyin-Fact for Dan Bogan

02/09/2011

** 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.