FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

	OMB APPRO	DVAL						
	OMB Number:	3235-0287						
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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*  Ledford Andrea					2. Issuer Name and Ticker or Trading Symbol NCR CORP [ NCR ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner					
				_									X		r (give title		Other (s below)	· I
(Last) (First) (Middle) 7 WORLD TRADE CENTER					3. Date of Earliest Transaction (Month/Day/Year) 02/23/2015							SVP Corp Services / Chief Human Resources Officer						
250 GRE	ENWICH	STREET, 35TH	FLOOR	L														
(Street) NEW YORK NY 10007			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person						
NEW FORK IN TOOU/												X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(Si	ate)	(Zip)											Person				
		Tab	le I - Non-I	Derivativ	e Se	curities	S Ac	quired, I	Disp	osed o	f, or Be	nefic	ially	Owned				
Date				. Transaction Date Month/Day/Y	Execution Date,		Code (Instr.   5)			4 and Securiti Benefic Owned		es Fo ally (D) Following (I)		orm: Direct )) or Indirect ) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	Code V		Amount (A) or (D)		ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 02/23/				02/23/201	2015 A 6,		6,271	1 <sup>(1)</sup> A		\$ <mark>0</mark>	71,339(2)			D				
		7	Fable II - De	erivative .g., puts,										Owned				
Derivative   Conversion   Date		3. Transaction Date (Month/Day/Year)  3. Deemed Execution I if any (Month/Day/		Date, Transaction Code (Instr.		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		1	3. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amor or Numl of Share	ber					
Restricted Stock Units	\$0 <sup>(3)</sup>	02/23/2015		A		12,694		(3)		(3)	Common Stock	12,6	694	\$0	12,694		D	

## **Explanation of Responses:**

- 1. These are time-based restricted stock units that will vest ratably, with 1/3 of such units vesting on each of the first, second and third anniversaries of the grant date (each a "Vesting Date"), subject to the reporting person's continued employment with the issuer on the applicable Vesting Dates and in accordance with the terms and conditions of the applicable award agreement.
- 2. Includes 641.7289 shares acquired under the NCR Employee Stock Purchase Plan in January 2015. These shares were rounded to 642 for disclosure in this table.
- 3. These are restricted stock units as to which certain performance-related conditions to vesting have been satisfied. The units will vest on October 25, 2016, subject to the reporting person's continued employment with the issuer on such date and in accordance with the terms and conditions of the applicable award agreement.

Laura J. Foltz, Attorney-in-Fact 02/25/2015 for Andrea Ledford

\*\* 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.