FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| notruction 1/h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | OVAL |
|---|------------------------|-----------|
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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* Daichendt Gary James | | | | | | | | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|--|------|---------------|------------------------------|---|--|---|-----------------------|--------|--------------------------------------|-----|---|---|---------------|----------|------------------------------|--|-----------------------|--|--|---|
| (Last) (First) (Middle) 864 SPRING STREET NW | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2018 | | | | | | | | | | | X | Office below | er (give title | | 10% Owner Other (specify below) | |
| (Street) ATLANT | | | 30308 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applica Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | | | | on | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Se | curiti | es Ac | quire | d, Di | isp | osed o | f, o | r Ber | efici | ally O | wne | ed | | | |
| Da | | | | Date (Month/Day/Year) if | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Cod | Transaction Disposed Code (Instr. 5) | | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | l and Secur Benef Owne | | cially d Following | Fori | ownership m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | | e v | | Amount | | (A) or (D) | Price | , lī | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock ⁽¹⁾ 03 | | | | | | 1/2018 | | | A | | | 433 | | A \$3 | | .52 89,922 | | | D | | |
| | | Та | ble II - D | | | | | | | | | sed of, onvertib | | | | | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | vative Conversion Date Execution Date, Irity or Exercise (Month/Day/Year) if any | | | 4. Transa Code (8) | | n of Der Sec Acc (A) Dis of (| posed D) tr. 3, 4 | 6. Date Expira (Monti | tion D | Pate | | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) Amou or Numb of Title Share: | | nstr. 3 | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. These are shares of common stock issued under the NCR Director Compensation Program (the "Compensation Program") as part of the reporting person's annual retainer, which is paid quarterly. The reporting person elected to receive all or a portion of the annual retainer in current common stock in accordance with the terms of the Compensation Program.

Remarks:

Laura J. Foltz, Attorney-in-Fact for Gary James Daichendt

04/03/2018

** 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.