Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
rvasiliigion,	D.C.	20040

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEMENT OF CH
obligations may continue. See	

HANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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* LARSEN KIRK T						2. Issuer Name and Ticker or Trading Symbol NCR Voyix Corp [VYX]									neck all app	ationship of Reporting k all applicable) Director		son(s) to Is 10% Ov	
(Last)	(Fir	st) (N	/liddle)		3. Date of Earliest Transaction (Month/Day/Year) 05/29/2024									Office below	er (give title v)		Other (s below)	pecify	
C/O NCR VOYIX CORPORATION 864 SPRING STREET NW					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						Lin	Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person				·		
(Street)	Street) ATLANTA GA 30308													Form filed by More than One Reporting Person					
(City)	(Sta		Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See In								Instru	struction 10.					
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Bene	eficia	ally Own	ed ———			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execu ny/Year) if any		Deemed cution Date, y nth/Day/Year)		3. Transaction Code (Instr. 8) 4. Securitie Disposed (5)		es Acquired (A) o Of (D) (Instr. 3, 4		(A) or 3, 4 an	Benefi	ties cially I Following	Form (D) or	Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership	
										v	Amount	(A)) or)	Price	Transa	ction(s) 3 and 4)			(Instr. 4)
Common Stock 05/29/2					2024			A		12,413(1) .	A	\$ <mark>0</mark>	52,412			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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	ution Date, Transact					6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		nstr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	Code V (A) (D)		(D)	Date Expiration		Expiration Date	Title	or Nun of Sha	nber res					

Explanation of Responses:

1. Reflects a grant of restricted stock units ("RSUs") pursuant to the Issuer's non-employee director compensation program ("Director Compensation Program"). The RSUs will vest on the first anniversary of the grant date, subject to the reporting person's continued service as a director. The reporting person elected to defer receipt of the Issuer's common stock underlying the RSUs in accordance with the terms of the Director Compensation Program. The reporting person will receive the Issuer's common stock following the termination of the reporting person's service as a director.

Remarks:

/s/ Kelli Sterrett, Attorney-in-Fact for Kirk Larsen

05/31/2024

** 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.