FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |

0.5

hours per response:

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* <u>Ledford Andrea</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol NCR CORP [NCR] | | | | | | | | | | | ationship of Report all applicable) Director Officer (give title | | 10% | | Owner | |
|--|---|------|--------------------------|--------------------------------------|--------|--|-------|--------------------------------------|---|--------|---|--|------|---------------|---|-----------------------|--|---|---|--|------------|--|
| (Last) (First) (Middle) 7 WORLD TRADE CENTER, 250 GREENWICH STREET, 35TH FLOOR | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/24/2017 | | | | | | | | | | | belov | Officer (give title below) EVP CAO, Chief HR Officer | | | | |
| (Street) NEW YORK NY 10007 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | i. Indiv ine) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Se | curit | ies A | cqı | uired, | Dis | posed o | f, o | r Ben | efici | ally | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | r) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | , | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 02/24/ | | | | | 2017 | | | | | F | | 1,387(1 | L) |) D \$ | | 9.41 | .41 73,557 | | D | | | |
| Common Stock 02/24/2 | | | | | /2017 | | | | | F | | 1,176(2) | | D \$4 | | 9.41 | 1 72,381 | | D | | | |
| | | Та | | | | | | | | | | sed of, onvertib | | | | | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | ive Conversion Date Execution D or Exercise (Month/Day/Year) if any | | n Date, ay/Year) - | 4. Transaction Code (Instr. 8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | E | 6. Date Exercisable an Expiration Date (Month/Day/Year) Date Expiratic Exercisable | | | Amount of Securities Underlying Derivative Security (Instr. and 4) Amount of Manual Amount or Number of Security Instr. | | ount | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owne Form: Direct or Ind (I) (Ins | (D) rect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

- 1. These shares were withheld to cover tax withholding obligations when 3,366 restricted stock units vested on February 24, 2017.
- 2. These shares were withheld to cover tax withholding obligations when 2,851 restricted stock units vested on February 24, 2017.

Remarks:

<u>Justin Heineman, Attorney-in-</u> <u>Fact for Andrea Ledford</u> <u>02/28/2017</u>

** 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.