FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
OMB Number:	OMB Number: 3235-0104							
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

1. Name and Address of Reporting Person* NUTI WILLIAM 2. Date of Event Requiring Statement (Month/Day/Year) 08/08/2005			nent	3. Issuer Name and Ticker or Trading Symbol NCR CORP [NCR]							
(Last) 1700 S. PATT (Street) DAYTON (City)	(First) TERSON BOU OH (State)	(Middle) LEVARD 45479 (Zip)				ationship of Reporting Perso (all applicable) Director Officer (give title below) President and (10% Owne Other (spe below)	er .	(Mon 6. Inc	th/Day/Year) dividual or Joint cable Line) Form filed by	Acte of Original Filed I/Group Filing (Check I/Group Filing Person I/Group Filing One I/Group Filing One I/Group Filing One I/Group Filing One
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						0	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year)		ate	and 3. Title and Amount of Secur Underlying Derivative Securi		ity (Instr. 4) Conv		ercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiratio Date	n Title	Đ	Amount or Number of Shares	Price of Derivati Security	ive	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

William Nuti

08/10/2005

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).