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 burd | len | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| | Check this box if no longer subject to |
|---|--|
| ١ | Section 16. Form 4 or Form 5 obligations may continue. See |
| J | obligations may continue. See |
| | Instruction 1(h) |

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* QUINLAN MARK D | | | | | | 2. Issuer Name and Ticker or Trading Symbol NCR CORP [NCR] | | | | | | | | | all applic Directo | cable) or | g Per | son(s) to Iss | vner | |
|--|---|--|---|---------|------------------------------|--|-------------|--------|--|---|------------------|--|---------------------------------------|---------------------------------------|---|-------------------------|---------------------------|--|--|--|
| (Last) (First) (Middle) 10332 BLACK BIRCH DRIVE | | | | | | | of Earliest | t Tran | saction (M | onth/I | Day/Year) | | X | below) | r (give title ') Vice Presio | | Other (s below) ent | респу | | |
| (Street) DAYTON OH 45458 | | | | | 4. I1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | Person | | | | | |
| | | Tab | le I - Noi | n-Deriv | ative | e Se | curitie | s Ac | quired, | Dis | posed o | of, or Be | nefici | ally | Owned | l | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | | | 3. 4. Securitie Transaction Disposed Code (Instr. 5) | | | | and Securitie Beneficia Owned F | | es ally Following | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | nt (A) or (D) | | е | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 03/01/ | | | | | | /2004 | | A | | 580 | A | \$4 | 5.3 | 5 | 580 | | D | | | |
| | | 7 | able II - | | | | | | | | | , or Ben ble sec | | | wned | | | • | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemo Execution if any (Month/Da | Date, | 4. Transa Code (8) | | n of | | 6. Date Exercisa Expiration Date (Month/Day/Year | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Di Si (li | Price of erivative ecurity istr. 5) | tive derivative | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | xpiration ate | Title | Amour or Number of Shares | er | | | | | | |
| Employee Stock Option (Right to Buy) | \$45.3 | 03/01/2004 | | | A | | 7,000 | | (1) | 0 | 3/01/2014 | Common Stock | 7,000 | | \$0 ⁽²⁾ | 7,000 | | D | | |

Explanation of Responses:

- $1. \ The \ option \ vests \ in \ three \ equal \ annual \ installments \ beginning \ on \ March \ 1, \ 2005.$
- 2. The option was granted under the NCR Management Stock Plan.

Nelson F. Greene, Attorney-infact for Mark D. Quinlan 03/03/2004

** Signature of Reporting Person Da

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.