FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | DC | 205/19 |
|----------------|------|--------|
| wasiiiiiqtoii, | D.C. | 20349 |

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden

0.5

hours per response:

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>LEVINSON LINDA FAYNE</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol NCR CORP [NCR] | | | | | | | | | | | olicable) | g Person(s) to Issuer 10% Owner | | |
|--|---|---|--|---------|--|--|---------------------------|-------------------------------------|-----------------------------|---------------|---|------|--|----------|------------------------|---|---|--|--|--|
| (Last) 710 22NI | (Fii D STREET | rst) (I | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 12/30/2005 Officer (give title below) below) Other (s | | | | | | | | | | | | r (specify v) | | | |
| (Street) SANTA MONICA (City) | | | 00402 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 3. Indiv _ine) X | Forn Forn | ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tabl | e I - Noi | n-Deriv | /ative | Se | curitie | s Ac | quired, | Dis | posed o | f, o | r Bei | nefic | ially | Owne | ed | | | |
| | | | 2. Transaction Date (Month/Day/Year) | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code | Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | Secur Benef Owne | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Code | v | Amount | | (A) or (D) | Pric | е | Reported Transaction(s) (Instr. 3 and 4) | | | (3u. 4) | | | | |
| Common Stock 12 | | | | | /2005 | | | | A | | 398 | | A | \$3 | \$33.97 | | 0,005 | D | | |
| Common | mon Stock 12/30/2 | | | | | 2005 | | | A | | 18(1) | | A | \$3 | \$35.63 | | .0,023 | D | | |
| Common Stock 1 | | | | 12/30 | 0/2005 | | | | A | | 8(2) | | A | \$3 | \$31.75 | | 0,031 | 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 | onversion Exercise (ice of erivative ecurity Code (Instr. 8) | | | | of Deriv Secu Acqu (A) o Disp of (D | r osed) r. 3, 4 | 6. Date E Expiration (Month/E | on Date | | Amount of Securities Underlying Derivative Security (Instr. and 4) | | | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

- 1. This represents an adjustment for a previous payment made on June 30, 2005 that was for an inadvertently erroneous amount.
- 2. This represents an adjustment for a previous payment made on September 30, 2005 that was for an inadvertently erroneous amount.

Nelson F. Greene, Attorney-infact for Linda Fayne Levinson 01

01/04/2006

** 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.