П

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL OMB Number: 3235-0287

| Estimated average burden | | |
|--------------------------|--|-----|
| hours per response: | | 0.5 |

| 1. Name and Address | 1 0 | n* | 2. Issuer Name and Ticker or Trading Symbol NCR CORP [NCR] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|----------------|---------|---|--|---|-----------------------|--|--|--|
| | | | | X | Director | 10% Owner | | | |
| (Last) (First) (Middle) 7 WORLD TRADE CENTER | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2013 | | Officer (give title below) | Other (specify below) | | | |
| 250 GREENWIC | H STREET, 35TH | H FLOOR | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) NEW YORK | NY | 10007 | A. In Americanient, Date of Original Fried (Month/Day Fear) | Line) | Form filed by One Rep Form filed by More tha Person | orting Person | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. | | | | | 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 ⁽¹⁾ | 09/30/2013 | | Α | | 543 | Α | \$ <mark>39.6</mark> 1 | 44,971 | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Nur of Deriv Secur Acqu (A) or Dispo of (D) (Instr and 5 | ative rities ired osed . 3, 4 | 6. Date Exerc Expiration Da (Month/Day/Y | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---|---|--|---|------------------------------|---|--|---|--|---|-------|---|--|----------------------------------|--|--|
| | | | | Code | v | (A) | (D) | Date Expiration Exercisable Date | | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. These are shares of common stock issued under the NCR Director Compensation Program (the "Compensation Program") as part of the reporting person's annual retainer, which is paid quarterly. The reporting person elected to receive all or a portion of the annual retainer in current common stock in accordance with the terms of the Compensation Program.

| <u>Mary H. Fragola, Attorney-in-</u> <u>Fact for Robert P. DeRodes</u> | <u>10/02/2013</u> |
|---|-------------------|
| ** Signature of Reporting Person | Date |

** Signature of Reporting Person

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.