Edgar Filing: Lesko James H - Form 4

Lesko Jame Form 4	s H										
August 04, 2	2010										
FORM	Λ4		~ ~ ~ ~ ~ ~						OMB AF	PROVAL	
	UNIII	ED STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check th if no lon							Expires:	January 31, 2005			
subject t Section	subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERS Section 16. SECURITIES						NERSHIP OF	Estimated average burden hours per			
Form 4 o Form 5		munor to	Section 1	6(a) of the	o Coourit	ias Er	rohonor	A at of 1024	response	0.5	
obligation may con <i>See</i> Instr 1(b).	tinue. Section	17(a) of the	Public U		ding Con	ipany	Act of	e Act of 1934, 1935 or Section 0	1		
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Lesko James H			2. Issuer Name and Ticker or Trading Symbol XEROX CORP [XRX]				g	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
				3. Date of Earliest Transaction							
(Last)	(First)	(Middle)	3. Date o (Month/I		ansaction			Director	10%	Owner	
45 GLOVE 4505	ER AVENUE, I	P.O. BOX	08/02/2	• ·				Officer (give below)		er (specify	
				. If Amendment, Date Original iled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
NORWAL	K, CT 06856-4	1505						Form filed by M Person			
(City)	(State)	(Zip)	Tab	le I - Non-E	Derivative	Securi	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Yea)		ear) Executio any			4. Securit on(A) or Di (Instr. 3, 4	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	08/02/2010			S	12,000	D	\$ 9.845	82,024.37	D		

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Lesko James H 45 GLOVER AVENUE P.O. BOX 4505 NORWALK, CT 06856-4505			Vice President					
Signatures								
Karen Boyle, Attorney in Fact	08/04	4/2010						
**Signature of Reporting Person	D	ate						

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.