Edgar Filing: Daichendt Gary James - Form 4

Daichendt Ga	ary James										
Form 4											
April 03, 201	8										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	PROVAL		
	CUNIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMMISSION	OMB Number:	3235-0287		
Check thi									Expires:	January 31,	
subject to	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSH					NERSHIP OF	Estimated a	2005 verage			
Section 1		SECURITIES						burden hours per			
Form 4 or								response 0.5			
Form 5 obligatior	1 0						•	e Act of 1934,			
may conti				•	•	- ·		1935 or Section	1		
<i>See</i> Instru 1(b).	action	30(h) of	the Inve	stment (Compan	у Ас	t of 194	0			
(Print or Type R	Responses)										
Daichendt Gary James Symbol			ymbol	er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			ICR COF								
(Last) (First) (Middle) 3. Date of				f Earliest Transaction							
			Month/Day	-				X_ Director 10% Owner Officer (give title Other (specify			
804 SPKINC	JSIKEEINW	0.	3/31/201	8				below)	below)	a (speeny	
			. If Amend	ndment, Date Original				6. Individual or Joint/Group Filing(Check			
			iled(Month/	nth/Day/Year)				Applicable Line)			
								X Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)				~					
(eng)	(blue)	(24p)	Table I	- Non-De	erivative	Secur	ities Acq	uired, Disposed of,	, or Beneficial	ly Owned	
1.Title of	2. Transaction Dat			3. 4. Securities Acquired				5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Year)) Execution E any	Code (Instr. 3, 4 and 5)					Securities Beneficially	· /	Beneficial Ownership	
		(Month/Day						Owned			
								Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
			C	Toda V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common				Code V		. /	\$				
Stock (1)	03/31/2018			А	433	А	ф 31.52	89,922	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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.		6. Date Exerc	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber Expiration Date		ate	Amo	unt of	Derivative	Deriv	
Security	or Exercise		any	Code	of		(Month/Day/Year)		Underlying		Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriva		• •		Securities		(Instr. 5)	Bene
. ,	Derivative			. ,	Securit				(Instr	. 3 and 4)		Owne
	Security				Acquir	red			Ì	,		Follo
	2				(A) or							Repo
					Dispos	sed						Trans
					of (D)							(Instr
					(Instr.	3,						
					4, and	5)						
				Code V	(A) (I	D)	Date	Expiration	Title	Amount		
				code v	(11) (1		Exercisable	Date	inte	or		
							Encretsuble	Duit		Number		
										of		
										Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationsh							
	Director	10% Owner	Officer	Other					
Daichendt Gary James 864 SPRING STREET NW ATLANTA, GA 30308	Х								
Signatures									
Laura J. Foltz, Attorney-in-Fact for Gary James									
Daichendt		04/03/2018							
<u>**</u> Signature of Reporti		Date							

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).

These are shares of common stock issued under the NCR Director Compensation Program (the "Compensation Program") as part (1) 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.

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.