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Daichendt G	ary James										
Form 4											
October 03, 2	2017										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								PPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION									3235-0287		
Check the	Check this box Washington, D.C. 20549							Number: Expires:	January 31,		
if no longer					DENIE					2005	
subject to STATEMENT OF CHANGES I						ICIA	LOW	NERSHIP OF	Estimated a		
Section 1 Form 4 o		SECURITIES							burden hou		
Form 5		nurguant to	Section 1	6(a) of the	- Securit	ios F	vehang	e Act of 1934,	response 0.5		
obligation	n o (-					•	7 1935 or Section	n		
may cont	inue.			vestment	•	· ·			11		
See Instru 1(b).	uction	50(11)	of the m	vestment	compan	y ne	101174				
1(0).											
(Print or Type I	Responses)										
1. Name and A	Address of Report	ing Person *	2. Issuer	r Name and	Ticker or	Tradiı	าฐ	5. Relationship of	Reporting Pers	son(s) to	
			Symbol				0	Issuer			
			-	ORP [NC]	R]						
(Last)	(First)	(Middle)	3 Date of	f Earliest Tr	ansaction			(Chec	k all applicable	.)	
(Eust)	(Thist)	(initiality)	(Month/D		ansaction			_X_ Director	10%	Owner	
7 WORLD	TRADE CEN	TER, 250	09/30/2	-				Officer (give		er (specify	
GREENWI	CH STREET,	35TH						below)	below)		
FLOOR											
	(Street)		4. If Amendment, Date Original 6. Individual					6. Individual or Jo	Joint/Group Filing(Check		
				nth/Day/Year)	-			Applicable Line)			
								X Form filed by C			
NEW YOR	K, NY 10007							Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction I	Date 2A Deer	med	3.	4 Securi	ties A	cauired	5. Amount of	6. Ownership	7 Nature of	
Security	(Month/Day/Ye		3. 4. Securities Acquired Transaction(A) or Disposed of (D)				Securities	Form: Direct			
(Instr. 3)	· ·	any		Code	(Instr. 3,	4 and	5)	Beneficially	(_) •• _ •••	Beneficial	
		(Month/I	Day/Year)	(Instr. 8)				Owned	Indirect (I)	Ownership	
								Following Reported	(Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock (1)	09/30/2017			A	364	A	\$ 37.52	89,088	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)

Derivative Security (Instr. 3)	ty or Exercise any		Execution Date, if any (Month/Day/Year)	Transactio Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	S I		Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Repo	rting O	wners									
R	eporting Owner Name / Address		Relationships								
			Director	10% Owr	ner Offic	er Other					
7 WORLI 250 GREI	t Gary Jame D TRADE (ENWICH S RK, NY 10	CENTER TREET, 35TH FI	LOOR X								

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4.

5.

6. Date Exercisable and 7. Title and

8. Price of

9. Nt

Signatures

1. Title of 2.

Laura J. Foltz, Attorney-in-Fact for Gary James Daichendt

**Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

3. Transaction Date 3A. Deemed

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

10/03/2017

Date

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.