Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
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OMB Number: Estimated average burden hours per response: 0.5

**OMB APPROVAL** 

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

Name and Address of Reporting Person*     Collins Robert Sean						2. Issuer Name and Ticker or Trading Symbol ALCOA INC [ AA ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last) (First) (Middle) 390 PARK AVENUE			3. Date of Earliest Transaction (Month/Day/Year) 01/21/2014									below)	(give title Other (s below) President and Controller		`					
(Street) NEW YORK NY 10022			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting							
(City)	(S	tate)	(Zip)												Persor	Опе керо	rung			
		Tab	ole I - No	n-Deri	vativ	e Se	ecuri	ties Ac	quired,	Dis	posed o	f, oı	r Ben	eficial	ly Owned					
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a) 5)				and Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Indirect Itstr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount		(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	Common Stock		01/21/2014		4			M		14,665	14,665 A		\$8.33	51,31	51,312.88(1)		D			
Common	Stock			01/2	1/201	4			S		14,665	5	D	\$12.1	7 36,64	7.88(1)		D		
Common	Stock														1,1	125		I	By Wife in Company 401(k) Plan	
Common Stock													3,9	3,973		I	By Company 401(k) Plan			
		-	Table II -							•	osed of, convertil			•	Owned					
Derivative Conversion Date E. Security or Exercise (Month/Day/Year) if		3A. Deemo Execution if any (Month/Da	Date, Transact Code (In			on of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		e	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Cod	Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	1	Amount or Number of Shares	1 1					
Employee Stock Option	\$8.33	01/21/2014			M			14,665	(2)		01/23/2015		nmon ock	14,665	\$0 <sup>(3)</sup>	14,668	3 <sup>(4)</sup>	D		

## **Explanation of Responses:**

- 1. Includes shares acquired under the Alcoa Dividend Reinvestment Plan.
- 2. This option is part of an option grant that vested in three equal annual installments beginning January 23, 2010. The installment exercised by the reporting person as reported herein vested on January 23, 2011.
- 3. Employee stock options are granted without payment of consideration.
- 4. In the aggregate, a total of 141,728 employee stock options (with various exercise prices and expiration dates) were beneficially owned by the reporting person as of the date of this report.

## Remarks:

buy)

Brenda Hart (Assistant Secretary), by power of

01/22/2014

Date

<u>attorney</u>

\*\* 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.