FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

gton, D.C. 20549	OMB APPROVAL

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

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

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	OMB Number:	3235-0287								
Estimated average burden										
l	hours per response:	0.5								

1. Name and Address of Reporting Person* <u>Oplinger William F</u>							er Name a OA IN			ding S	Symbol		eck all applica Director	able)	10% Owne			
(Last) 390 PAR	(F K AVENU	irst) E				of Earlies 2015	t Transa	ction (M	onth/I	Day/Year)		below)				(specify		
(Street) NEW Y(Y state)	10022			. If Am	nendment,	Date of	Original Filed (Month/Day/Year)					6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)			(Zip)	n-Der	ivati	VA S	ecuritie	as Aca	uired	Die	nosed of	or Ren	oficiall	v Owned				
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			sactio	n	2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,		(A) or	5. Amount Securities Beneficiall Following	y Owned Reported	Form	Direct Indirect Interest Indirect Interest Inter	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock 0.			01/2	/20/2015				F		4,784	D	\$15.55	185,592	.8353(1)		D		
Common	Stock		01/		0/201	15					5,573	D	\$15.55	180,019	180,019.8353(1)		D	
Common Stock			01/20/2015		15			F		5,300	D	\$15.55	174,719	8353(1)		D		
Common	Stock			01/2	1/201	15			M		16,867	A	\$8.33	191,586	191,586.8353(1)		D	
Common Stock													4,5	4,592		I	By Company 401(k) Plan	
			Table II								osed of, o			Owned		,		,
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction An Date Execution Date, Correction Or Exercise (Month/Day/Year) if any		Transa Code (5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercise Expiration Date (Month/Day/Yea		ate of Securities		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transacti	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares	1	(Instr. 4)	ion(3)		
Employee Stock Option (right to buy)	\$15.55	01/20/2015			A		89,490		(2))	01/20/2025	Common Stock	89,490	(3)	89,49	90	D	
Employee Stock Option (right to	\$8.33	01/21/2015			M			16,867	(4))	01/23/2015	Common Stock	16,867	(3)	0		D	

Explanation of Responses:

- 1. Includes shares acquired under the Alcoa Dividend Reinvestment Plan.
- $2. \ The \ option \ vests \ in \ three \ equal \ annual \ installments \ beginning \ January \ 20, \ 2016.$
- 3. Employee stock options are granted without payment of consideration.
- 4. The option, representing a right to purchase a total of 50,600 shares, became exercisable in three equal annual installments beginning on January 23, 2010, which was the first anniversary of the date on which the option was granted.

Remarks:

Brenda Hart (Assistant Secretary), by power of attorney

01/22/2015

** Signature of Reporting Person

Date

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.