FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | OVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| | Check this box if no longer subject to |
|---|--|
| ١ | Section 16. Form 4 or Form 5 |
| ı | obligations may continue. See |
| | Instruction 1(h) |

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

| 1. Name and Address of Reporting Person* KLEINFELD KLAUS | | | | | 2. Issuer Name and Ticker or Trading Symbol ALCOA INC [AA] | | | | | | | | | 5. Relationship of Reporting Pe (Check all applicable) X Director | | | son(s) to Iss | |
|---|--|------------|--|------|--|-----|-----|--|----------|----------------|--|--|-------|---|----------------------|--|--|---|
| (Last) (First) (Middle) 201 ISABELLA STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/01/2008 | | | | | | | | | X Officer (give title below) President and | | | Other (s below) CEO | specify |
| (Street) PITTSBURGH PA 15212 (City) (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | | Code (In 8) | | tr. 5) | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | Form (D) o | n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | | action (Instr. | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title an Amount o Securities Underlyin Derivative (Instr. 3 ar | 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) | |
| | | | | Code | ode V | | (D) | Date Exercisable | Ex Da | piration te | Title | or Numb of Share | per | | | | | |
| Phantom Stock Units | (1) | 08/01/2008 | | A | | 213 | | (2) | | (2) | Common Stock | 213 | 3 | \$32.885 | 1,208 ⁽³⁾ |) | D | |

Explanation of Responses:

- 1. 1 For 1
- 2. Phantom stock units were acquired under the Alcoa Deferred Compensation Plan and are to be paid out in cash after termination of employment. The reporting person may transfer the phantom stock into an alternative investment account under the Plan at times permitted under the Plan.
- 3. As of 08/01/2008, the reporting person also held 2994.7891 phantom stock units under the Alcoa Deferred Fee Plan for Directors which are to be paid out in cash after Board service ends.

Remarks:

Brenda Hart (Assistant
Secretary), by power of attorney.

08/04/2008

** 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.