FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| vuoimigton, | D.O. | 200-0 | |
|-------------|------|-------|--|
| | | | |
| | | | |

| OIVIB A | PPROVAL |
|-------------|----------|
| OMB Number: | 3235-028 |

| li | | |
|----|-------------------------|-----------|
| Ш | OMB Number: | 3235-0287 |
| | Estimated average burde | en |
| Ш | hours per response: | 0.5 |

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

| instruc | tion 1(b). | | | | | | | a) of the Se Investmen | | | | | 4 | | | | | |
|---|---|----|---|------------------------------------|--|--|-------|--|------|------------------|--|---|--|---|---|----------------------------------|--|--|
| 1. Name and Address of Reporting Person* Wieser Helmut | | | | | 2. Issuer Name and Ticker or Trading Symbol ALCOA INC [AA] | | | | | | | lationship of ck all applica Director | able) | g Perso | 10% Ow | ner | | |
| (Last) 201 ISAI | (F BELLA ST | , | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 01/23/2009 | | | | | | | _ X | below) | Officer (give title below) Executive Vice I | | Other (specify below) President | | |
| (Street) PITTSBU | | | 15212 (Zip) | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Ind Line) | Form fil | r Joint/Group Filing (Check Applicable in filed by One Reporting Person in filed by More than One Reporting on | | | | | |
| | | Ta | ble I - Non- | Derivati | ve Se | ecurities | s Ac | quired, | Disp | oosed c | of, or | Bene | ficially | Owned | | | | |
| Date | | | | 2. Transacti Date Month/Day/ | Execution Date, Transaction Disposed Of (D) (Instr. 3, 4 and 5 | | | I 5) Securities Fo Beneficially (D) | | Form: | Direct Indirect Etr. 4) | 7. Nature of ndirect Beneficial Dwnership | | | | | | |
| | Code V Amount (A) (D) | | | | | A) or D) | Price | Transaction(s) (Instr. 3 and 4) | | | , | Instr. 4) | | | | | | |
| | | | Table II - D (e | | | | | uired, D s, option | | | , | | • | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | curity | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | OI N | mount r umber f Shares | | Transaction(s) (Instr. 4) | on(s) | | |

Explanation of Responses:

\$8.33

1. The option vests in three equal annual installments beginning January 23, 2010.

01/23/2009

- 2. Employee stock options are granted without payment of consideration.
- 3. In the aggregate, a total of 523,026 employee stock options (with various exercise prices and expiration dates) were beneficially owned by the reporting person as of the date of this report.

246,600

(1)

Remarks:

Employee Stock

(right to buy)

Brenda Hart (Assistant 01/26/2009 Secretary), by power of attorney

** Signature of Reporting Person Date

246,600

(2)

246,600⁽³⁾

D

01/23/2015

Common Stock

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).

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.