FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| 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* MORRIS MICHAEL G | | | | | | 2. Issuer Name and Ticker or Trading Symbol ALCOA INC. [AA] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|---|--|--|-----------------------------|-------|--|----------|-------|--|---------------------------------------|-----------------|---|--|---------------|---|---|-----------------------------|--|--|--|--|
| (Last) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2015 | | | | | | | | | X Director Officer (give title below) | | | 10% Ow Other (s below) | | | |
| (Street) NEW YORK, NY 10022 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tab | le I - Non | -Deriv | ative | Sec | curities | s Acc | quired, [| Disp | | | | | Owned | l | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution | | | Code (Ir | Transaction Dispos Code (Instr. 5) | | ities Acqu d Of (D) (II | ired (A nstr. 3, |) or 4 and | | es ally Following | Form (D) o | n: Direct r Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock | | | | | | | | | | | | | | | 30,120 | | | D | | | |
| | | Т | able II - I (| | | | | | ired, Di | | | | | | Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day/ | Date, Transact Code (In: | | | | | 6. Date Exel Expiration I (Month/Day | Date | | Amount of Securities Underlying Derivativ | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | . Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | Or Fo Di or (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | | Date Exercisable | | piration ate | Title | Amo or Num of Shar | nber | | | | | | | |
| Phantom Stock Units | (1) | 10/01/2015 | | | A | | 4,269 | | (2) | | (2) | Common Stock | 4,2 | 269 | \$9.523 | 76,224 | | D | | | |

Explanation of Responses:

- 1. Each phantom stock unit is the economic equivalent of one share of Alcoa common stock.
- 2. Phantom stock units were acquired under the Alcoa 2005 Deferred Fee Plan for Directors and are to be paid out in cash after Board service ends.

Remarks:

Brenda Hart (Assistant Secretary), by power of

10/02/2015

<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.