## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APP	ROVAL
OMB Number:	3235-0287
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0.5

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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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

											. ,								
1. Name and Address of Reporting Person*  BARRIERE MICHAEL T.					2. Issuer Name <b>and</b> Ticker or Trading Symbol ALCOA INC [ AA ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
BARK.	IERE M	ICHAEL I.			1		71111	<u></u> [	1111						Direct	or		10% Ov	vner
(Last)		First)	(Middle)		3. [	Date o	of Earlie	st Trar	nsaction (Mo	nth/[	Day/Year)	1		X	Office below	r (give title )		Other (s below)	specify
` '	`	,	(iviluale)		11/	11/23/2012								Vice P	Vice President				
201 ISA	BELLA S	TREET																	
					4. 11	f Ame	ndmen	t, Date	of Original I	iled	(Month/E	Day/Year)		6. Ind	ividual or	Joint/Group	Filing	(Check Ap	plicable
(Street)														Line)	_		_		
PITTSB	URGH I	PA	15212											X		filed by One		J	
-					-										Form Perso	filed by Mor	e thar	n One Repo	rting
(City)	(	State)	(Zip)												1 0100	,,,,			
		Tab	le I - No	n_Doris	rative	. Sa	curiti	ος Λ <i>ι</i>	quired,	)ier	nocod .	of or B	onofi	cially	Owne	d			
			16 1 - NO			_				إدار									
1. Title of Security (Instr. 3) 2. Transa			saction	Execution Date,				3. 4. Securities Acquired (A) Transaction Disposed Of (D) (Instr. 3, 4						6. Ownership Form: Direct		7. Nature of Indirect Beneficial Ownership			
(Month/I							Day/Ye	Code (Instr. 5)											
					(Monan Bayrrea		, 19,	′   <del>"</del>					Reporte	ed "	(,) (	(5 4)	(Instr. 4)		
								Code	V	Amount (A) or (D)		or   P	rice	Transaction(s) (Instr. 3 and 4)					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
		'							s, options						JWIIEU				
1. Title of	2.	3. Transaction	3A. Deem	1	4.		<del>-</del>	_							Price of	9. Number	a4	10.	11 Noture
Derivative	Conversion	n Date	Execution	Date,	Transa		ı of E		6. Date Exercisable and Expiration Date			7. Title and Amount of		D	erivative	derivative		Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership
Security (Instr. 3)	or Exercise Price of		if any (Month/Day		Code ( 8)	Securities Acquired				(Month/Day/Year)			Securities Underlying		ecurity nstr. 5)	Securities Beneficially			
(	Derivative			, ,	-,			Derivativ			Secu	rity   `	,	Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)		
Security						(A) or Disposed		(Instr. 3 and 4)					Reported	- 1	(1) (111511. 4)				
							of (D) (Instr. 3, 4									Transaction(s) (Instr. 4)	n(s)		
							and 5)									( )			
										Т			Amo	unt					
													or Num	ber					
					Code	v	(A)	(D)	Date Exercisable		piration ite	Title	of Shar	es					
Phantom		1					+ /	$\vdash$		+							$\dashv$		
Stock	(1)	11/23/2012			Α		226		(2)		(2)	Common Stock	22	6	\$8.305	438		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.

## Remarks:

Brenda Hart (Assistant Secretary), by power of

11/26/2012

<u>attorney</u>

\*\* Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$ 

- $^{\star}$  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.