## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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STATEMENT	OF CHA	ANGES IN	<b>BENEFICI</b>	AL OW	<b>NERSHIP</b>

ı	OMB APPRO	VAL
	OMB Number:	3235-0287
ı	Estimated average burd	en
	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(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

1. Name and Address of Reporting Person* <u>CHRISTOPHER WILLIAM F</u>				2. Issuer Name and Ticker or Trading Symbol ALCOA INC [ AA ]										(Check all app Direc		licable) tor	ng Pers	Person(s) to Issuer  10% Owner		
(Last) 201 ISAE		First) TREET	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/19/2007											Other (specify below)  Vice President			
(Street) PITTSBURGH PA 15212 (City) (State) (Zip)				4. If <i>i</i>	Line) X Form fil										Joint/Group Filing (Check Applicable filed by One Reporting Person filed by More than One Reporting on					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
Date			2. Transa Date (Month/D		(E)	A. Deem xecutior any //onth/Da	Date,	Code (		4. Securiti Disposed 5)				and Securitie Beneficia		ies cially Following	Form:	nership Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A (D	) or )	Price	Transa		ction(s) and 4)			(111501.4)
Common Stock 04/1					/2007	007		A		500	500 A		\$ <mark>0</mark>		182,638		D			
Common Stock																7,105		105 I		By Company 401(k) Plan
			Table II -					•			sed of, o			•	/ Ow	ned				
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction 3A. Deemed 4. Transurity or Exercise (Month/Day/Year) if any			Transac Code (lı		ion of E		6. Date E Expiratio (Month/D	n Date	•	Amount of			8. Pric Deriva Securi (Instr.	itive ity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	O Fo Di OI (I)	D. wnership orm: irect (D) r Indirect ) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
Evaluation					Code	v	(A)		Date Exercisal	Date E Exercisable D		Title	Amo or Num of Shar	ber						

lanation of Responses:

Remarks:

Brenda Hart (Assistant Secretary), by power of <u>attorney</u>

04/23/2007

\*\* 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.