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 | hurden | | | | | | | |

0.5

hours per response:

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* SCHMIDT ULRICH | | | | | | 2. Issuer Name and Ticker or Trading Symbol ALCOA INC. [AA] | | | | | | | | 5. (C | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|--|------------------|---------|-----------------------------------|--|---------|---|--------------------------------------|---|---|--------|---|----------------------|---|--|---|----------------|--|--|
| <u>JCIIIVI</u> | IDI OLI | <u>ICII</u> | | | | | | | | | | | | | X Dir | ector | 1 | .0% C | Owner | |
| (Last) (First) (Middle) 390 PARK AVENUE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/20/2016 | | | | | | | | | | icer (give title ow) | | Other elow) | (specify | |
| | | | | | 4 If | Ame | ndment | Date o | f Original | Filed | (Month/Da | av/Yea | r) | 6 | Individua | or Joint/Grou | n Filing (Ch | eck A | nnlicable | |
| (Street) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| NEW YO | ORK. N | V 1 | 10022 | | | | | | | | | | | | X Fo | Form filed by One Reporting Person | | | | |
| | | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | (S | tate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Bene | eficia | lly Ow | ned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution | | n Date, | Code (| Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, | | | d Secu Ben Own | nount of irities eficially ed Following | Form: Dire (D) or Indi | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (| A) or D) | Price | Tran | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock 07/20 | | | | |)/2016 | | | | P | | 5,000 | | A \$10.4 | | .4 | 10,000 | | | | |
| | | Та | able II - I) | | | | | | | | sed of, onvertib | | | | Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, | | Transaction Code (Instr. 8) | | of | ative rities ired osed . 3, 4 | Expiration (Month/D | Date Exercisable and xpiration Date Month/Day/Year) ate Expiration xercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amour or Numbe of Title Shares | | 8. Price o Derivative Security (Instr. 5) | | Owner Form: Direct or Indi (I) (Ins | (D) rect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

Remarks:

/s/ Margaret Lam (Assistant Secretary), by power of attorney

** Signature of Reporting Person

Date

07/21/2016

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.