SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no long	ger subject to
Section 16. Form 4 or F	orm 5
obligations may continu	e. See
Instruction 1(b).	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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

1 0	Person*	2. Issuer Name and Ticker or Trading Symbol Arconic Inc. [ARNC]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
ONEAL E STANLEY (Last) (First) (Middle) 390 PARK AVENUE		t = 1	X	Director	10% Owner			
		3. Date of Earliest Transaction (Month/Day/Year) 05/18/2018		Officer (give title below)	Other (specify below)			
		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	idual or Joint/Group Fil	ing (Check Applicabl			
NV	10022		X	Form filed by One Re	eporting Person			
	10022			Form filed by More th Person	nan One Reporting			
(State)	(Zip)							
	(First) NUE NY	(First) (Middle) NUE NY 10022	Arconic Inc. ARNC Image: Arconic Inc. Image: Arconic Inc. (First) (Middle) NUE 3. Date of Earliest Transaction (Month/Day/Year) 05/18/2018 4. If Amendment, Date of Original Filed (Month/Day/Year)	Arconic Inc. [ARNC] (Check X (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) (Check X NUE 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Indiv NY 10022 X	Arconic Inc. [ARNC] Arconic Inc. [ARNC] (Check all applicable) Image: Arconic Inc. [ARNC] 3. Date of Earliest Transaction (Month/Day/Year) (Check all applicable) Image: Arconic Inc. [ARNC] 3. Date of Earliest Transaction (Month/Day/Year) (Check all applicable) Image: Arconic Inc. [ARNC] 3. Date of Earliest Transaction (Month/Day/Year) (Check all applicable) Image: Arconic Inc. [ARNC] 3. Date of Earliest Transaction (Month/Day/Year) (Check all applicable) Image: Arconic Inc. [ARNC] 3. Date of Earliest Transaction (Month/Day/Year) (Check all applicable) Image: Arconic Inc. [ARNC] 3. Date of Earliest Transaction (Month/Day/Year) (Check all applicable) Image: Arconic Inc. [ARNC] 3. Date of Earliest Transaction (Month/Day/Year) (Check all applicable) Image: Arconic Inc. [ARNC] 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Fill Image: Arconic Inc. [ARNC] Image: Arconic Inc. [ARNC] Image: Arconic Inc. [ARNC] 6. Individual or Joint/Group Fill Image: Arconic Inc. [Arconic Inc. [ARNC] Image: Arconic Inc. [ARNC] Image: Arconic Inc. [ARNC] Image: Arconic Inc. [ARNC] Image: Arconic Inc. [Arconic Inc. [ARNC] Image: Arconic Inc. [ARNC] Image: Arconic Inc. [ARNC]			

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
2. Transaction Date (Month/Day/Year)		Transaction Code (Instr.		Disposed Of			5. Amount of Securities Beneficially Owned Following Benorted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
		Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150. 4)		
05/18/2018		A		8,296	A	\$ <mark>0</mark>	22,268	D			
	2. Transaction Date (Month/Day/Year)	2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)	2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) 2. Transac Code (8) Code	2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) 2. Transaction Code (Instr. 8) Code V	2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) 2. Transaction (Month/Day/Year) 2. Transaction Code (Instr. 8) 2. Code (Instr	2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) 2Code (Instr. 8) Code (V Amount (A) or (D)	2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) 2Code V Amount (A) or (D) (Instr. 3, 4 and 5) Code (Instr. 4) Code V Amount (A) or (D) Price	2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) 2. Transaction (Month/Day/Year) 2. Transaction (Sode (Instr. 3) 2. Solution 2. Solutio	2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) 2Code (Instr. 8) 3. Transaction (S) Code (Instr. 8) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) Code (Instr. 8) Code (Instr. 8)		

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of Deriv Secur Acqu (A) or Dispo of (D)	erivative (Month/Day/Year) ecurities cquired) or isposed (D) str. 3, 4		7. Title Amour Securi Underl Deriva Securi and 4)	nt of ties ying	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

Remarks:

/s/ Margaret Lam (Assistant <u>Secretary</u>), by power of

attorney

05/22/2018

** Signature of Reporting Person Date

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.