FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

CIVID AI	INOVAL
OMB Number:	3235-0287
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Check this box if no longer subject t	J
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

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

OMB ADDDOMAL

1. Name and Address of Reporting Person*  KLEINFELD KLAUS					2. Issuer Name <b>and</b> Ticker or Trading Symbol ALCOA INC [ AA ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
					<u>11110011 1110</u> [ 1111 ]								X Direct		or 10% (		10% Ov	vner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 03/28/2008							$\dashv$	X	Office below	r (give title )		Other (s	specify	
201 ISABELLA STREET			03											President and COO					
(Street)				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
PITTSBU	PITTSBURGH PA 15212												X	X Form filed by One Reporting Person					
(City)	(S	tate) (	Zip)	_	Form filed by More than Person									n One Repo	rting				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of S	Security (Ins	tr. 3)	2. Tra	nsaction	ction 2A. Deemed Execution Date.			3. Transact	ion		ities Acqui			5. Amou Securiti				7. Nature of Indirect	
(Month/D			th/Day/Ye				Code (Instr. 5)			Ju. 0, 4 t	ana	Benefic	ially (D) o		or Indirect	Beneficial Ownership			
					["		Juyric	` <del>  `                                  </del>		Amount (A) or		nr		Reported Transaction(s)		(., (	,, (5 4,	(Instr. 4)	
								Code		Amount	(D)	(D) Price			. 3 and 4)				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
		la =		<del></del>	cans	1	_				1		_	<u> </u>		.			
1. Title of Derivative Security  (Instr. 3)  3. Transaction Date (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  3. Transaction Date (Month/Day/Year)				Code (	ransaction of Derivati Securitic Acquirer (A) or Dispose of (D) (Instr. 3,			Derivative Securities Acquired (A) or Disposed (Month/Day/Year) Securities Underlying Derivative (Instr. 3 and			f g Security	De Se (In	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
			and 3)					Amoi		unt									
				Code	v	(0)	(D)	Date Exercisable		piration	Title	or Numbe of	r						
DI :				Code	\ <u>'</u>	(A)	(D)	Exercisable	Dat	ıe	Title	Shares	+			$\dashv$			
Phantom Stock Units	(1)	03/28/2008		A		197		(2)		(2)	Common Stock	197	9	\$35.55	406 <sup>(3)</sup>		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.
- 3. As of 03/28/2008, the reporting person also held 2,975.0011 phantom stock units under the Alcoa Deferred Fee Plan for Directors which are to be paid out in cash after Board service ends.

## Remarks:

Brenda Hart (Assistant Secretary), by power of

03/31/2008

attorney

\*\* 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.