| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

|) | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). |
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| | 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 burd | e burden | | | | | | |
| hours per response: | 0.5 | | | | | | |

| 1. Name and Addres <u>PURTELL L</u> | 1 0 | | 2. Issuer Name and Ticker or Trading Symbol <u>ALCOA INC</u> [AA] | | tionship of Reporting Perse all applicable) Director Officer (give title | on(s) to Issuer 10% Owner Other (specify |
|-------------------------------------|-------------------|-------------------------------|---|------------------------|--|--|
| (Last) 201 ISABELLA | (First) STREET | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 12/26/2003 | | below) Exec. VP and Genera | below) |
| (Street) PITTSBURGH | | 15212 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | idual or Joint/Group Filing Form filed by One Repo Form filed by More than Person | rting Person |
| (City) | (State) | (Zip) Table I - Non-Deriva | tive Securities Acquired, Disposed of, or Benefi | cially (| Owned | |

4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) 1. Title of Security (Instr. 3) 2. Transaction 2A. Deemed 3. 5. Amount of 6. Ownership 7. Nature Transaction Date Execution Date. Securities Form: Direct of Indirect (Month/Day/Year) Code (Instr. 8) if any Beneficially (D) or Indirect Beneficial Ownership (Month/Day/Year) Owned Following (I) (Instr. 4) Reported Transaction(s) (Instr. 4) (A) or (D)

Code

v

Amount

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

| | (orgi, paro, caro, manano, opriorio, contentior coountico) | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|---|-------------|---------------------------|-------------------------------------|--------------------|---------------------------|--|---|--|--|--|
| 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 | r osed) r. 3, 4 | Expiration Date (Month/Day/Year) | | Expiration Date Amount of | | 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 | | | | |
| Phantom Stock Units | (1) | 12/26/2003 | | A | | 58 | | (2) | (2) | Common Stock | 58 | \$37.325 | 58 | 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.

Remarks:

Brenda Hart (Assistant Secretary), by power of

attorney

12/29/2003

** Signature of Reporting Person Date

Price

(Instr. 3 and 4)

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.