XEROX CORP Form 4 July 17, 2006

FORM 4

Check this box

if no longer

subject to

Section 16.

Form 4 or

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may continue. See Instruction See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

07/14/2006

Stock Unit

1. Name and Address of Reporting Person * KOPPER HILMAR			2. Issuer Name and Ticker or Trading Symbol XEROX CORP [XRX]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (N	Middle)	3. Date of Earliest Transaction				(Check all applicable)				
(Lust)	(1131)	ilidaic)	(Month/D		insaction			X Director	10%	Owner	
800 LONG 3 BOX 1600	RIDGE ROAD, F	P. O.	07/14/20	•				Officer (give below)		er (specify	
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
			Filed(Mon	th/Day/Year)				Applicable Line) _X_ Form filed by 0	1 0		
STAMFOR	D 06904							Form filed by M Person	fore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deen Execution any (Month/E	Date, if	3. Transactio Code (Instr. 8)	4. Securit r(A) or Di (Instr. 3,	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock						(-)		37,452	D		
Deferred				. 715			\$				

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $A^{(1)}$

2.397 A

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 control number.

SEC 1474

(9-02)

D

13,903

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

Edgar Filing: XEROX CORP - Form 4

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. Transactic Code (Instr. 8)	5. Dr.Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. l De Sec (In
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option	\$ 10.5					01/01/2004(2)	05/15/2013	Common Stock	5,000	
Stock Option	\$ 6.8					01/01/2003(2)	09/09/2012	Common Stock	5,000	
Stock Option	\$ 9.25					01/01/2002(2)	08/28/2011	Common Stock	5,000	
Stock Option	\$ 27					01/01/2001(2)	05/18/2010	Common Stock	5,000	
Stock Option	\$ 32.1563					01/01/1998(3)	05/14/2007	Common Stock	3,350	
Stock Option	\$ 60.4375					01/01/2000(2)	05/20/2009	Common Stock	5,000	

Reporting Owners

Reporting Owner Name / Address	Relationships						
FB	Director	10% Owner	Officer	Other			
KOPPER HILMAR 800 LONG RIDGE ROAD P. O. BOX 1600 STAMFORD 06904	X						

Signatures

K. Boyle	
Attorney-In-Fact	07/17/2006
**Signature of Reporting Person	Date

Reporting Owners 2

Edgar Filing: XEROX CORP - Form 4

Explanation of Responses:

- * 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).
- (1) Deferred Stock Unit issued as payment of fees under the terms of the 2004 Non-Employee Directors Compensation Plan
- (2) Options vest over three years, 33.3% per year beginning in year shown.
- (3) Options vest over three years, 33%, 33%, 34%, beginning in year shown.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.