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 burden									

hours per response:

0.5

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* <u>JORDAN VERNON E JR</u>				2. Issuer Name and Ticker or Trading Symbol XEROX CORP [XRX]								(Che	5. Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% Own					
(Last) (First) (Middle) 45 GLOVER AVENUE				3. Date of Earliest Transaction (Month/Day/Year) 07/15/2008									Officer below)	give title	Other (specify below)		pecify	
P.O. BOX 4505				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) NORWALK CT 06856-4505									<u> </u>	Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City)	(5	State)	(Zip)															
		Та	ble I - Non	-Deriva	ative S	ecurities	Acqı	uired,	Disp	osed c	of, o	or Bene	ficially	Owned				
1. Title of Security (Instr. 3) 2. Trans: Date (Month/L				2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)								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)				msu. 4)		
Common Stock													40,019.4899		D			
Deferred Stock Units 07/15/				/2008)8		A		2,774	'4 A \$		\$13.07	24,7	24,705(4)		D		
			Table II - [Derivat e.g., pı	ive Sec uts, cal	curities A	cqui nts, (red, D optior	ispo ns, c	sed of, onverti	, or ble	Benefi securi	cially (Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Co	insaction de (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

\$10.5

\$6.8

\$9.25

\$27

\$60,4375

\$0.00⁽²⁾

- 1. Options vest over three years, 33.3% per year beginning in year shown.
- 2. Not Applicable.

Stock

Stock Options

Stock

Option

Stock

Stock

Options

Options

Deferred

- 3. Hypothetical investment of deferred compensation in Xerox Stock Fund under the Xerox Saving Plan.
- 4. Deferred Stock Units issued as payment of fees under the terms of the 2004 Non-Employee Directors Compensation Plan. This amount also includes the 63 shares received from the reinvestment of dividend equivalents paid on Deferred Stock Units held as of 3/31/2008.

Date Exercisable

01/01/2004(1)

01/01/2003(1)

01/01/2002(1)

01/01/2001(1)

01/01/2000⁽¹⁾

08/08/1988(2)

Expiration Date

05/15/2013

09/09/2012

08/28/2011

05/18/2010

05/20/2009

08/08/1988(2)

K. Boyle, Attorney-In-Fact

Amount or Number

of Shares

5.000

5,000

5,000

5,000

5,000

\$0.00(2)

Title

Common

Stock

Commor Stock

Commor

Stock

Common

Stock

Common

Stock

Stock

07/17/2008

5,000

5,000

5.000

5,000

5 000

\$155,943(3)

D

D

D

D

D

D

** 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).

Code

(A) (D)

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.