Arconic Inc. Form 3 February 10, 2017 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB Number:

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

| 1. Name and Address of Reporting Person <u>*</u> HALL CHARLES M | 2. Date of Event Requiring Statement (Month/Day/Year) | 3. Issuer Name and Ticker or Trading Symbol Arconic Inc. [ARNC] | | | | | |
|---|--|---|--|---------------------------|---|--|--|
| (Last) (First) (Middle |) 01/31/2017 | 4. Relationship of Reporting Person(s) to Issuer | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | | |
| 111 FAISON ROAD (Street) CHAPEL HILL, NC 2751 | 7 | Director Officer (give title below | all applicable) 10% (X Other v) (specify beloation of Respon | Owner r ow) | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | |
| (City) (State) (Zip) | Table I - N | Non-Derivat | ive Securiti | es Ber | neficially Owned | | |
| 1.Title of Security (Instr. 4) | 2. Amount o Beneficially (Instr. 4) | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nat Owne (Instr. | 1 | | |
| Common Stock, \$1.00 par value | $\operatorname{le} (\underline{1}) = 0$ | | D | Â | | | |
| information c required to re | or each class of securities benefic respond to the collection of ontained in this form are not spond unless the form displ d OMB control number. | r s. | EC 1473 (7-02 |) | | | |
| | ecurities Beneficially Owned (<i>e</i> | .g., puts, calls, | warrants, opt | tions, c | onvertible securities) | | |

| 1. Title of Derivative Security (Instr. 4) | Expiration Date (Month/Day/Year) | | Securities Underlying | | 4. Conversion or Exercise Price of | 5. Ownership Form of Derivative | Form of (Instr. 5) |
|---|----------------------------------|--------------------|-----------------------|------------------------|---|--|--------------------|
| | Date Exercisable | Expiration Date | Title | Amount or Number of | Derivative Security | Security: Direct (D) or Indirect | |

3235-0104

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

Shares

(I) (Instr. 5)

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|------------------------------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| HALL CHARLES M 111 FAISON ROAD CHAPEL HILL, NC 27517 | Â | Â | Â | See Explanation of Responses | | | |
| Signatures | | | | | | | |
| /s/ Elliot Greenberg, as Attorney-in-Fact for Charles M. Hall | | | | 02/10/2017 | | | |
| **Signature of Reporting Person | | | Date | | | | |
| Explanation of Responses: | | | | | | | |

- * If the form is filed by more than one reporting person, *see* Instruction 5(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).

The Reporting Person is a member of a reporting group that owns in the aggregate more than 10% of the Issuer's outstanding shares of Common Stock. As such, the Reporting Person may be deemed to beneficially own more than 10% of the Issuer's outstanding shares of

(1) Common Stock. The Reporting Person disclaims beneficial ownership of the shares of Common Stock except to the extent of his pecuniary interest therein, and this report shall not be deemed to be an admission that the Reporting Person is the beneficial owner of such shares of Common Stock for purposes of Section 16 or for any other purpose.

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.