### Edgar Filing: TERADATA CORP /DE/ - Form 4

| TERADATA   | CORP /DE/                              |              |   |   |                                       |   |   |  |  |              |  |
|--|--|--------------|---|---|---------------------------------------|---|---|--|--|--------------|--|
| Form 4   | 0015                                   |              |   |   |                                       |   |   |  |  |              |  |
| February 03, 2   |  |              |   |   |                                       |   |   |  | OMB AF   | PROVAL       |  |
|  |  |              |   |   |                                       | IES AND EXCHANGE COMMISSION agton, D.C. 20549 |   |  |  | 3235-0287    |  |
| Check this box   |  |              |   | GES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES                        |                                       |   |   |  | Expires: January 31<br>2009<br>Estimated average<br>burden hours per |              |  |
| Form 5<br>obligations<br>may contin<br><i>See</i> Instruc<br>1(b). | Section 17(                            | (a) of the P | Public Ut                                 |   | ling Con                              | npany   | y Act of  | e Act of 1934,<br>71935 or Section<br>0  | response   | 0.5          |  |
| (Print or Type Re  | esponses)                              |              |   |   |                                       |   |   |  |  |              |  |
| COOPER NANCY E Symbol  |  |              | Symbol                                    | uer Name <b>and</b> Ticker or Trading<br>I<br>ADATA CORP /DE/ [TDC] |                                       |   |   | 5. Relationship of Reporting Person(s) to<br>Issuer  |  |              |  |
| (Last) (First) (Middle) 3. Date of                                 |  |              | of Earliest Transaction                   |   |                                       |   | (Check all applicable)  |  |  |              |  |
| (Month/I10000 INNOVATION DRIVE01/30/2                              |  |              |   | Day/Year)<br>2015   |                                       |   |   | X_ Director 10% Owner<br>Officer (give title Other (specify<br>below) below)                                       |  |              |  |
|  |  |              | nendment, Date Original<br>onth/Day/Year) |   |                                       |   | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person |  |  |              |  |
| DAYTON, O  | H 45342                                |              |   |   |                                       |   |   | Form filed by M<br>Person  | lore than One Re   | porting      |  |
| (City)   | (State)                                | (Zip)        | Table                                     | e I - Non-D   | erivative                             | Secur   | ities Acq   | uired, Disposed of   | , or Beneficial  | ly Owned     |  |
|  | 2. Transaction Dat<br>(Month/Day/Year) |              | ned<br>1 Date, if                         | 3.<br>Transactio<br>Code<br>(Instr. 8)<br>Code V                    | 4. Securi<br>n(A) or Di<br>(Instr. 3, | ties A<br>spose                               | cquired<br>d of (D)   | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of |  |
| Common<br>Stock  | 01/30/2015                             |              |   | S <u>(1)</u>  | 468                                   | D   | \$<br>44.53   | 21,983   | D  |              |  |

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

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivativ<br>Securitie<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) | (Month/Day,<br>ve<br>s<br>l | Date Amount of     |       | unt of<br>rlying<br>rities             | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---------------------------------------|---|-----------------------------|--------------------|-------|--|---|--|
|   |   |   | Code V                                | (A) (D)   | Date<br>Exercisable         | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares |   |  |

## **Reporting Owners**

| Reporting Owner Name / Address                               |          |           |         |            |  |  |  |  |  |
|--|----------|-----------|---------|------------|--|--|--|--|--|
| I O O O O O O O O O O O O O O O O O O O                      | Director | 10% Owner | Officer | Other      |  |  |  |  |  |
| COOPER NANCY E<br>10000 INNOVATION DRIVE<br>DAYTON, OH 45342 | Х        |           |         |            |  |  |  |  |  |
| Signatures   |          |           |         |            |  |  |  |  |  |
| Margaret A. Treese, Attorney-in-fact for Nancy E.            |          |           |         |            |  |  |  |  |  |
| Cooper.  |          |           |         | 02/03/2015 |  |  |  |  |  |
| <u>**</u> Signature of Reportin                              |          | Date      |         |            |  |  |  |  |  |

# **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) Sale of shares pursuant to Rule 10b5-1 Plan adopted on August 8, 2014.

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.