Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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 Mathews Suresh V | | | | | | UNISYS CORP [UIS] | | | | | | | | | k all applic Directo | or | | 10% Ow | ner | |
|---|---|--|---|--|----------|--|---|--------|--|------|--|---|---------------------------------|--------|---|---|-----|---|---|--|
| (Last) (First) (Middle) 801 LAKEVIEW DRIVE, SUITE 100 | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/06/2013 | | | | | | | | | Officer (give title Other (specify below) Senior Vice President and CIO | | | | |
| (Street) BLUE BELL PA 19422 | | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | | | tive Securities Acquired, Disposed of, or Benefic | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/ | | | | | ction | 2A. Exe) if ar | . Deemed ecution Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, | | (A) or | | 5. Amou Securitie Benefici Owned F | Amount of curities Interesting (| | r Indirect Indirect | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | , | Amount | (A) or (D) | Price | | Reported Transact (Instr. 3 | ction(s) | | | (Instr. 4) | |
| Common Stock 05/06/20 | | | | | | | 13 | | M | | 20,000 | A | \$3 | .85 | 24,687 | | | D | | |
| Common Stock 05/06/20 | | | | | | 013 | | | S | | 10,690 | D | \$18. | 861(1) | 13 | 13,997 | | D | | |
| | | - | Table II | | | | | | | | posed of, convertil | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deel Execution if any (Month/I | | Code (Ir | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | S | . Price of Perivative Security Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ily | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amo or Num of Share | ber | | | | | | |
| Stock Option (Right to | \$3.85 | 05/06/2013 | | | М | | | 20,000 | (2) | | 03/03/2014 | Common Stock | 20,0 | 000 | \$0 | 0 | | D | | |

Explanation of Responses:

- 1. The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$18.82 to \$18.90, inclusive. The reporting person undertakes to provide to any security holder of Unisys Corporation or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set
- 2. Stock option granted under the terms and provisions of the Unisys Corporation 2003 Long-Term Incentive and Equity Compensation Plan. The stock option vests 50% on March 3, 2010, 25% on March 3, 2011 and 25% on March 3, 2012.

Susan T. Keene, attorney-infact, for Suresh V. Mathews

05/07/2013

** 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).

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.