FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washii

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ngton, D.C. 20549 | OMB APPROVAL |
|-------------------|--------------|
|                   |              |

| П |                          |           |  |  |  |  |  |  |  |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| l | OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |
| l | Estimated average burden |           |  |  |  |  |  |  |  |
| l | 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

| Name and Address of Reporting Person*                         |   |  |  |              |           |  |            |                                      | er or Tradin                              | ıg Sy                                       | mbol          |                                   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |                              |   |  |   |  |                                       |  |  |
|---|---|--|--|--------------|-----------|--|------------|--------------------------------------|---|---|---------------|-----------------------------------|---|------------------------------|---|--|---|--|---------------------------------------|--|--|
| KENNEY GERALD P   |   |  |  |              | 1         | UNISYS CORP [ UIS ]  |            |                                      |   |   |               |                                   |   |                              | irecto  | r  |   | 10% Ow   | ner                                   |  |  |
| (Last)  | <b>(</b> Ei   | irst)                                      | (Middle)   |              | 3. [      | Date o   | f Earliest | Trans                                | action (Mon                               | th/Da                                       | ay/Year)      |                                   |   |                              | officer<br>elow)  | (give title  |   | Other (s<br>below)   | pecify                                |  |  |
| ` '   | `   | ,  | ` ,  |              | 02/       | 02/09/2017   |            |                                      |   |   |               |                                   |   |                              | VP, 0   | Gen. Cour  | isel 8  | & Secretar   | y                                     |  |  |
| 801 LAK   | CEVIEW D  | RIVE, SUITE 10                             | J0   |              | 1         |  |            |                                      |   |   |               |                                   |   |                              |   |  |   |  |                                       |  |  |
| (Street)  |   |  |  |              | 4. If     | 4. If Amendment, Date of Original Filed (Month/Day/Year)   |            |                                      |   |   |               |                                   |   |                              | 6. Individual or Joint/Group Filing (Check Applicable Line) |  |   |  |                                       |  |  |
| BLUE B  | ELL PA  | <b>\</b>                                   |  |              | 1         |  |            |                                      |   |   |               |                                   |   | ,                            | orm fi  | led by One   | Repo  | rting Persor   | .                                     |  |  |
|   |   |  |  |              | 1         |  |            |                                      |   |   |               |                                   |   |                              | orm fi  | led by More  | than  | One Repor  | tina                                  |  |  |
| (City)  | (S  | tate)                                      | (Zip)  |              |           |  |            |                                      |   |   |               |                                   |   |                              | erson   |  |   |  | 9                                     |  |  |
|   |   | Tab  | le I - Non   | -Deriv       | ative     | e Se   | curities   | s Ac                                 | quired, D                                 | isp   | osed o        | f, or Be                          | neficia   | lly Ov                       | vned  |  |   |  |                                       |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date) |   |  |  | Day/Year) if |           | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year |            | Transaction Disposed Code (Instr. 5) |   | ities Acquired (A)<br>d Of (D) (Instr. 3, 4 |               | 4 and Securit<br>Benefic<br>Owned |   | s<br>ally<br>ollowing        | Form<br>(D) or  | : Direct<br>Indirect<br>str. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |  |                                       |  |  |
|   |   |  |  |              |           |  |            | Code                                 | ,   | Amount                                      | (A) or (D)    | Price                             | Tra   | portec<br>insact<br>str. 3 a | ed<br>ction(s)<br>and 4)                                    |  |   | (Instr. 4)   |                                       |  |  |
|   |   | -  | Гable II - I   |              |           |  |            |                                      |   |   |               |                                   |   | y Owr                        | ed  |  |   | <u> </u>   |                                       |  |  |
|   |   |  | (  | e.g., p      | uts,      | calls  | s, warra   | ants                                 | , options                                 | , cc  | onvertil      | ble secu                          | ırities)  |                              |   |  |   |  |                                       |  |  |
| 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<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date<br>if any<br>(Month/Day/Yea | Date, T      | Code (In: |  |            |                                      | 6. Date Exe<br>Expiration I<br>(Month/Day | Date  | of Securities |                                   | ies<br>g<br>Security  | Deriv<br>Secu                | Price of erivative ecurity nstr. 5)                         | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | у   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |  |  |
|   |   |  |  |              | Code      | v  | (A)        | (D)                                  | Date<br>Exercisable                       |   | opiration     | Title                             | Amount<br>or<br>Number<br>of<br>Shares                                  |                              |   |  |   |  |                                       |  |  |
| Restricted<br>Stock   | (1)   | 02/09/2017                                 |  |              | A         |  | 10,639     |                                      | (2)                                       |   | (2)           | Common<br>Stock                   | 10,639  | \$                           | 0   | 10,639   |   | D  |                                       |  |  |

## **Explanation of Responses:**

- 1. Each restricted stock unit represents a contingent right to receive one share of Unisys Corporation common stock.
- 2. Time-based restricted stock units granted under the terms of the Unisys Corporation 2016 Long-Term Incentive and Equity Compensation Plan. The restricted stock units will vest in three equal annual installments beginning February 9, 2018.

/s/ John M. Armbruster, attorney-in-fact

02/13/2017

\*\* 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.