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* FLETCHER DENISE K				2. Issuer Name and Ticker or Trading Symbol UNISYS CORP [UIS]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
				- ا	OTTIO TO COINT [013]							X Directo	r	10% Ow	ner	
(Last) UNISYS	(First) (Middle) YS CORPORATION YS WAY			10	3. Date of Earliest Transaction (Month/Day/Year) 10/03/2005							below)	(give title	Other (s below)		
			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)												,	led by One Rep	orting Persor	.	
BLUE B	ELL PA	4	19424	_							Form filed by More than On Person			ne Reporting		
(City)	(S	itate)	(Zip)													
		Та	ble I - Non-D	erivativ	ve Se	curities	s Ac	quired, Di	sposed o	of, or Be	neficiall	y Owned				
			Dat	Date Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Instr.			Beneficia Owned F	s Formally (D) of ollowing (I) (Ir	n: Direct I r Indirect I sstr. 4) (7. Nature of Indirect Beneficial Ownership		
							Code V	Amount	(A) o (D)	r Price	Reported Transacti (Instr. 3 a	ion(s)		Instr. 4)		
			Table II - De									Owned				
			(e.ç	g., puts	s, call	ls, warr	ants	s, options,	converti	ble secu	ırıtıes)					
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution I ecurity or Exercise (Month/Day/Year) if any		3A. Deemed Execution Date, if any (Month/Day/Year	Code (Transaction Code (Instr. 8) 8) Derivati Securiti Acquire or Dispo		. Number of berivative Expiration Date (Month/Day/Year) cquired (A) r Disposed f (D) (Instr. , 4 and 5) . A continuous Expiration Date (Month/Day/Year) 7. Title and A of Securities (Month/Day/Year) 7. Title and A of Securities (Month/Day/Year) 7. Title and A of Securities (Instr. 3 and A of Instr. 3 and A of Inst		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
Phantom Stock Units/1- for-1 ⁽¹⁾	\$0	10/03/2005		A ⁽²⁾		369.403		(3)	(3)	Common Stock	369.403	\$6.7	12,265.368	D		

Explanation of Responses:

- 1. Common stock-equivalent units (1-for-1).
- 2. Phantom stock units acquired under the terms and provisions of the Unisys Corporation 2003 Long-Term Incentive and Equity Compensation Plan and deferred in accordance with the Deferred Compensation Plan for Directors of Unisys Corporation.
- 3. The phantom stock units are payable in Unisys common stock, either upon termination of service or on any date at least five years (two years for stock units awarded after January 1, 2001) after the stock units are awarded, at the director's option, under the terms and provisions of the Deferred Compensation Plan for Directors of Unisys Corporation.

By: Susan T. Keene, attorneyin-fact For: Denise K. Fletcher

10/04/2005

** 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.