FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APP	OMB APPROVAL									
OMB Number: 3235-0										
Estimated average burden										
houre per reenonee	. 0.5									

	tion 1(b).	nuc. Scc		Filed	pursua or Se	nt to Section 3	ection 80(h) o	16(a) f the Ir	of the Sonvestmen	ecuriti nt Cor	es Exchang npany Act o	e Act of f 1940	of 1934			nours	s per re	esponse:	0.5
	nd Address of pohl Tere	FReporting Person*	•						er or Tra		Symbol				all app Direc	licable) tor		rson(s) to Is	vner
(Last) (First) (Middle) C/O UNISYS CORPORATION					3. Date of Earliest Transaction (Month/Day/Year) 02/28/2024									X	Officer (give title below)			Other (specification)	
801 LAKEVIEW DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) BLUE BELL PA 19422														X	X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	ate) (2	Zip)		Rul	e 10)b5-	1(c)	Trans	sact	ion Indi	catio	on						
								Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											
		Table	I - Noi	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	oosed of	, or E	Benefic	cially	Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				ay/Year) Exec		Deemed cution Date, ny enth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (ADisposed Of (D) (Instr. 3, 5)				Securit Benefic Owned	5. Amount of Securities Beneficially Dwned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)		e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 02/28/				/2024		F		4,407	Г	\$5	5.28	8 78,969		D					
		Tal									osed of, o				Owne	d			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			on Date,	4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr	rities ired r osed) : 3, 4	Expiration Day (Month/Day/Y		e Amo Secu Unde Deriv Secu		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Price of ivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
									Date		Expiration		Amount or Number of						

Explanation of Responses:

/s/ Alex Gonzalez, Attorney-

in-Fact

** Signature of Reporting Person Date

02/29/2024

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.