FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL							
OMB Number: 3235-0							
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

MUNNELLY JOSEPH M			2. Date of Event Requiring Statement (Month/Day/Year) 11/15/2005  3. Issuer Name and Ticker or Trading Symbol UNISYS CORP [ UIS ]								
(Last) UNISYS COR	(First) (Middle) S CORPORATION				Relationship of Reporting Perso (Check all applicable)     Director		10% Owne	r (N	5. If Amendment, Date of Original Filed (Month/Day/Year)		
UNISYS WAY  (Street)				X	Officer (give title below)  VP and Corporate C	Other (spe- below) ontroller	, 10	pplicable Line)	,		
BLUE BELL	PA	19424							Form filed by Reporting Po	y More than One erson	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (I			4. Conversion or Exercise Price of		6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	n Title	3	Amount or Number of Shares	Derivative Security			
Stock Option (right to buy)		09/24/2005 <sup>(1)</sup>	09/23/2010	0	Common Stock	25,000	6.5	D			

## **Explanation of Responses:**

1. Stock option granted under the Unisys Corporation 2003 Long-Term Incentive and Equity Compensation Plan.

Joseph M. Munnelly

11/22/2005

\*\* 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 5 (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.