FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | OVAL | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|
| | 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* DAVIS ALISON | | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>UNISYS CORP</u> [UIS] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|--|--|--|-------------------|-------------|---|-----|---------|--------------------------------|--------------------------------------|-----------------------|---|--------------------------------|-------|---|---|---|---|---|--|
| (Last) | <u> </u> | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/21/2011 | | | | | | | | | | | rector fficer (give title elow) | | 10% O Other (below) | specify |
| Street) BLUE BELL PA 19422 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ine) | Form | al or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution D | | | n Date, | Code | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, | | | nd S | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (, () | A) or D) | Price | Trans | | saction(s) r. 3 and 4) | | | (111511. 4) |
| Common Stock | | | | 07/21 | 1/2011 | | | | A ⁽¹⁾ | | 3,841 | 1 A | | \$ | 0 | 3,841 | | | D | |
| | | Та | | | | | | | | | osed of, convertib | | | | y Ow | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/Y | Date, Transaction | | | | | 6. Date Expirati (Month/ | on Da | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Pric Deriva Securi (Instr. | ative de ity Se 5) Be Ov Fo Re Tr | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | F C C | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amo or Num of Shai | ber | | | | | | |

Explanation of Responses:

1. Time-based restricted stock units granted under the terms and provisions of the Unisys Corporation 2003 Long-Term Incentive and Equity Compensation Plan and deferred under the 2005 Deferred Compensation Plan for Directors of Unisys Corporation. The deferred stock units will be distributed in shares of common stock upon the earlier of termination of service or on any date at least two years after the stock units are awarded, as previously elected by the director.

By: Susan T. Keene, attorneyin-fact For: Alison Davis 07/22/2011

** 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.