FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APP	ROVAL						
OMB Number: 3235-010							
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

1. Name and Address of Reporting Person* GUPTA VISHAL 2. Date of Event Requiring Statement (Month/Day/Year) 08/31/2018				nent	3. Issuer Name and Ticker or Trading Symbol UNISYS CORP [UIS]						
(Last) (First) (Middle) 801 LAKEVIEW DRIVE			00/31/2010			elationship of Reporting Pers ck all applicable) Director Officer (give title	10% Owner Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year) 09/04/2018		
(Street) BLUE BELL (City)	PA (State)	19422 (Zip)			Senior Vice Pres				6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						nt of Securities ally Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock						500	D				
		(e. <u>ç</u>				urities Beneficially ptions, convertible		s)			
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable a Expiration Date (Month/Day/Year)			ate	Underlying Derivative Security (Instr. 4) Conve		ercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price Deriva	tive	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

Remarks:

These shares were omitted from the reporting person's original Form 3. $\,$

John M. Armbruster, attorneyin-fact 10/02/2018

** 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.