FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

'	Was	hingto	n, D	.C. 2	0549

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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

OMB APPROVAL OMB Number: 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* Martin Paul Edward				2. Issuer Name and Ticker or Trading Symbol <u>UNISYS CORP</u> [UIS]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner								
-					2 5	2. Data of Fadicat Transaction (Month/Day/Voor)					\dashv	Λ	Officer (give title			Other	(specify			
(Last) (First) (Middle) C/O UNISYS CORPORATION					3. Date of Earliest Transaction (Month/Day/Year) 02/28/2020									belov	N)		below)			
801 LAKEVIEW DRIVE, SUITE 100				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														اٰ	X	Form	n filed by One	e Repo	rting Pers	on
BLUE B	ELL PA	\	.9422													Form Pers	n filed by Moi on	re than	One Rep	orting
(City)	(Si	ate) (Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date,		Code (Transaction Disposed Of (D) Code (Instr. 5)			s Acquired (A) or f (D) (Instr. 3, 4 an		and Securitie Beneficia		ties cially I Following	Form: (D) or	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	е	Transaction(s) (Instr. 3 and 4)				(11150.4)
Common Stock 02/2				02/28	3/2020				A ⁽¹⁾	A ⁽¹⁾ 8,40		4	A	\$	0	46,409			D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any		Date,	4. Transaction Code (Instr. 8)		n of E		Expiration	i. Date Exercisable and Expiration Date Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)				vative (urity S	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)		Date Exercisal		Expiration Date	Title	or Nun of	nber						

Explanation of Responses:

1. Restricted stock units granted under the Unisys Corporation 2019 Long-Term Incentive and Equity Compensation Plan. The restricted stock units vested 100% on the date of grant, February 28, 2020, into shares of Unisys Corporation common stock. The restricted stock units have been deferred under the terms of the 2005 Deferred Compensation Plan for Directors of Unisys Corporation and will be distributed lump sum in shares of Unisys common stock upon a change in control of Unisys Corporation or distributed in three annual installments of shares of Unisys Corporation common stock upon the earlier of March 31, 2023, or the termination of service of the director

> Cathy S. Johnson, attorney-in-03/03/2020 fact

** 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.