FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | STATEMENT OF CH      |
|--|----------------------|
| Section 16. Form 4 or Form 5           |                      |
| obligations may continue. See          |                      |
| Instruction 1(b).                      | Filed pursuant to Se |

## ANGES IN BENEFICIAL OWNERSHIP

**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*  BATTERSBY SCOTT A                      |  |  |                    |                               |                 | 2. Issuer Name and Ticker or Trading Symbol UNISYS CORP [ UIS ] |        |  |                     |               |   |                        |   | Relationship<br>leck all applic<br>Directo  | cable)<br>or                        | ig Pers   | 10% Ov                                | vner               |
|--|--|--|--------------------|-------------------------------|-----------------|---|--------|--|---------------------|---------------|---|------------------------|---|---|-------------------------------------|---|---------------------------------------|--------------------|
| (Last) UNISYS  | `  | irst)  | (Middle)           |                               |                 | 3. Date of Earliest Transaction (Month/Day/Year) 02/12/2009     |        |  |                     |               |   |                        |   | helow)  |                                     | Other (sp<br>below)<br>nt and Treasurer                           |                                       |                    |
| (Street) BLUE B (City)   |  |  | 19424-000<br>(Zip) | 1                             | 4.1             | 4. If Amendment, Date of Original Filed (Month/Day/Year)        |        |  |                     |               |   | Lin                    | Individual or Joint/Group Filing (Check Applicable le)  X 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. Transa Date (Month/D                         |  |  |                    |                               | Execution Date, |   |        | 3. Transaction Code (Instr. 8) 4. Securities Acquirer Disposed Of (D) (Instr. 5) |                     |               | ed (A) or<br>tr. 3, 4 and   | Securitie<br>Beneficia | 5. Amount of<br>Securities<br>Beneficially<br>Ownered   |   | n: Direct<br>r Indirect<br>istr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                                       |                    |
|  |  |  |                    |                               |                 |   |        |  | Code V              | Ar            | mount   | (A) or<br>(D)          | Price   | Transact<br>(Instr. 3   | tion(s)                             |   |                                       | ,su. <del>-,</del> |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |                    |                               |                 |   |        |  |                     |               |   |                        |   |   |                                     |   |                                       |                    |
| Derivative Conversion Dat  |  | 3. Transaction Date (Month/Day/Year)  3. Deeme Execution if any (Month/Day | ate,               | 4.<br>Transa<br>Code (I<br>8) |                 | of  |        | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year)                   |                     | e and         | 7. Title and Amount<br>of Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |                        | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)   | 9. Numbe<br>derivative<br>Securities<br>Beneficia<br>Owned<br>Following<br>Reported<br>Transactie<br>(Instr. 4) | e<br>s<br>Illy                      | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |                    |
|  |  |  |                    |                               | Code            | v   | (A)    | (D)  | Date<br>Exercisable | Expir<br>Date | ration  | Title                  | Amount<br>or<br>Number<br>of<br>Shares  |   |                                     |   |                                       |                    |
| Stock<br>Option<br>(right to<br>buy)   | \$0.64   | 02/12/2009   |                    |                               | A               |   | 80,000 |  | (1)                 | 02/12         | 2/2014  | Common<br>Stock        | 80,000  | \$0   | 80,00                               | 0   | D                                     |                    |

## **Explanation of Responses:**

1. Stock option granted under the terms and provisions of the Unisys Corporation 2007 Long-Term Incentive and Equity Compensation Plan. The stock option vests 50% on February 12, 2010, 25% on February 12, 2011 and 25% on February 12, 2012.

> By: Susan T. Keene, attorneyin-fact For: Scott A. Battersby

02/17/2009

\*\* 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.