FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | OMB APPRO | VAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>HAUGEN JANET BRUTSCHEA</u> | | | | | | | 2. Issuer Name and Ticker or Trading Symbol UNISYS CORP [UIS] | | | | | | | | | all app | plicable) ctor | | erson(s) to Issuer 10% Owner | |
|--|--|------|------------|------|---|---|---|-------------------|---|--------------------|---------------------|---|---|-----------------------|-----------------------|--------------------------------------|--|---|---|--|
| (Last) 801 LAK | (Last) (First) (Middle) 801 LAKEVIEW DRIVE, SUITE 100 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/09/2014 | | | | | | | | | X | belov | Officer (give title below) Senior Vice Presi | | Other (specify below) | |
| (Street) BLUE BI | BLUE BELL PA 19422 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Indi Line) X | Form | idual 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) | | | | | | r) Ex | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | | 4 and Secu Bene | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | Code | v | Amount | | | | (A) or (D) | Pric | Tran | | action(s) 3 and 4) | | | (Instr. 4) | | | |
| Common Stock 02/09/ | | | | | | |)14 | | A ⁽¹⁾ | | 1,632 | 2 | Α | \$0 | | 21,666 | | | D | |
| Common Stock 02/09, | | | | | | 2014 | | | F | | 600 | | D | \$32. | | 21,066 | | D | | |
| Common Stock | | | | | | | | | | | | | | | 1,4 | | 1,452.105 | | Ι | By USP Trust |
| | | Та | ble II - I | | | | | | | | sed of, onvertib | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | | 4. Transaction Code (Instr. 8) | | of | | 6. Date E Expiratio (Month/D | n Date | : | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | Deri Sec (Ins | rice of vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ov Fo Di or (I) |). wnership orm: irect (D) r Indirect i (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | Code | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amount or Number of Shares | | | | | | | | |

Explanation of Responses:

1. Vesting of performance-based restricted stock units granted February 9, 2012 under the terms and provisions of the 2010 Long-Term Incentive and Equity Compensation Plan. The restricted stock units vested into shares of Unisys common stock based on the achievement of Unisys revenue and pre-tax profit.

Susan T. Keene, attorney-in-

fact, for Janet Brutschea 02/11/2014

<u>Haugen</u>

** 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.