## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington,  | D C  | 20540 |  |
|--------------|------|-------|--|
| vasiiiigton, | D.C. | 20549 |  |

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| L | OMB APPROVAL             |           |  |  |  |  |  |  |
|---|--------------------------|-----------|--|--|--|--|--|--|
| [ | OMB Number:              | 3235-0287 |  |  |  |  |  |  |
|   | Estimated average burden |           |  |  |  |  |  |  |
| Ш | 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*     DUQUES HENRY C |  |   |       |  | 2. Issuer Name and Ticker or Trading Symbol UNISYS CORP [ UIS ]  |   |              |     |                               |   |                   |                                    |  | ble)   | Persor              | 10% Owr | ner |
|--|--|---|-------|--|--|---|--------------|-----|-------------------------------|---|-------------------|------------------------------------|--|--|---------------------|---------|-----|
| (Last) (First) (Middle) UNISYS CORPORATION               |  |   |       |  | 3. Date of Earliest Transaction (Month/Day/Year) 08/01/2006  |   |              |     |                               |   |                   | Officer (give title below)         |  |  | Other (sp<br>below) | ecify   |     |
| (Street)   | WAY  |   |       |  |  |   |              |     |                               |   | Line)             | -/                                 |  |  |                     | able    |     |
| BLUE B   | ELL P.   | A   | 19424 |  |  | X Form filed by One Reporting Persi Form filed by More than One Reporting Persi |              |     |                               |   |                   |                                    | Ü  | ng Person  |                     |         |     |
| (City)   | (5   | State)  | (Zip) |  |  |   |              |     |                               |   |                   |                                    |  |  |                     |         |     |
|  | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |   |       |  |  |   |              |     |                               |   |                   |                                    |  |  |                     |         |     |
| Date   |  |   |       | . Transact<br>ate<br>Month/Day   | Execution Date,  |   | Code (Instr. |     | ed (A) or<br>str. 3, 4 and 5) | 5. Amount<br>Securities<br>Beneficiall<br>Owned Fol<br>Reported | Form<br>ly (D) or |                                    | Direct In<br>Indirect B<br>tr. 4) O          | . Nature of ndirect seneficial ownership nstr. 4)                  |                     |         |     |
|  |  |   |       |  | Code V Amount (A) or P   |   |              |     |                               |   | Price             | Transaction(s)<br>(Instr. 3 and 4) |  |  | "                   | 1150.4) |     |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |       |  |  |   |              |     |                               |   |                   |                                    |  |  |                     |         |     |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)      | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  | se (Month/Day/Year) if any Code (Instr. Securities (Month/Day/Year) 8) Acquired ( |       | (A)<br>ed of   | 6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Amore Securities Under Derivative Securities (Instr. 3 and 4) |   |              |     | Underlying<br>Security        | rlying Derivative   |                   | er of<br>es<br>s<br>lly<br>on(s)   | Ownership of I<br>Form: Bei<br>Direct (D) Ow | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                     |         |     |
|  |  |   |       | Code V (A) (D) Exercisable Expiration Date Title Shares Amount or Number of Shares |  |   |              |     |                               |   |                   |                                    |  |  |                     |         |     |
| Phantom<br>Stock<br>Units/1-<br>for-1 <sup>(1)</sup>     | \$0  | 08/01/2006  |       | A <sup>(2)</sup>   |  | 2,656.666   |              | (3) |                               | (3)   | Common<br>Stock   | 2,656.666                          | <b>\$</b> 5                                  | 52,088.9   | 0667                | D       |     |

## **Explanation of Responses:**

- 1. Common stock-equivalent units (1-for-1).
- 2. Phantom stock units acquired under the terms and provisions of the Unisys Corporation 2003 Long-Term Incentive and Equity Compensation Plan and deferred in accordance with the Deferred Compensation Plan for Directors of Unisys Corporation.
- 3. The phantom stock units are payable in Unisys common stock, either upon termination of service or on any date at least five years (two years for stock units awarded after January 1, 2001) after the stock units are awarded, at the director's option, under the terms and provisions of the Deferred Compensation Plan for Directors of Unisys Corporation.

By: Susan T. Keene, attorney-in-08/02/2006 fact For: Henry C. Duques

\*\* 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.