Edgar Filing: DUQUES HENRY C - Form 4

DUQUES HE Form 4	ENRY C													
October 02, 2	009													
FORM	4		an an				CTT + N	~-			OMB A	PPROVA	۹L	
	UNITED	STATES		RITIES . Ishingtor				GE	COMMISSIO		OMB Number:	3235		
Check this if no longe subject to Section 16 Form 4 or	/IENT OF	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							F	burden hou	stimated average Irden hours per			
Form 5 obligation may contin	Form 5 obligations may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940										0.0			
(Print or Type R	esponses)													
1. Name and Address of Reporting Person <u>*</u> DUQUES HENRY C			2. Issuer Name and Ticker or Trading Symbol UNISYS CORP [UIS]						5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First) (3. Date of Earliest Transaction						(Check all applicable)					
UNISYS WAY			(Month/Day/Year) 10/01/2009					X_ Director 10% Owner Officer (give title Other (specify below) below)						
	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person								
BLUE BELL	., PA 19424-000)1							Form filed by Person					
(City)	(State)	(Zip)	Tab	ole I - Non-	Deriv	vative	Securitie	es Ac	quired, Disposed	of, c	or Beneficia	lly Owne	d	
	2. Transaction Date Month/Day/Year)	2A. Deeme Execution I any (Month/Day	Date, if	3. Transactio Code (Instr. 8)	onAcc Dis	posed	(A) or of (D) 4 and 5) (A) or	-	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	For (D) (I)	Ownership m: Direct or Indirect str. 4)	7. Nature Indirect Beneficia Ownersh (Instr. 4)	al ip	
				Code V	Am	nount	(D) Pri	rice	(11541 0 4114 1)					
Reminder: Repo	ort on a separate line	e for each cla	iss of sec	urities bene		-		-	-					
					i r	nforn requir	nation co red to res iys a cur	onta spoi	oond to the colle ined in this forr nd unless the fo tly valid OMB co	m ar orm	e not	SEC 1474 (9-02)		

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A) or		

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	Derivative Security			Disposed of (D) (Instr. 3, 4, and 5)						
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Stock Units <u>(1)</u>	\$ 0	10/01/2009	A <u>(2)</u>		2,736.708		(3)	(3)	Common Stock	2,736.708

Reporting Owners

Reporting Owner Name / Address		Relationsh	ips						
	Director	10% Owner	Officer	Other					
DUQUES HENRY C UNISYS WAY BLUE BELL, PA 19424-0001	Х								
Signatures									
By: Susan T. Keene, attorney-i Duques	n-fact For		10/02/2009						
<u>**</u> Signature of Report	ing Person			Date					
Explanation of Responses:									

* 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).

(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.

The phantom stock units are payable in Unisys common stock, either upon termination of service or on any date at least five years (two

(3) 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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.