Edgar Filing: DUQUES HENRY C - Form 4

Form 4												
January 06, 2											PPROVA	1
FORM	4 UNITED	STATES		RITIES . shingtor				E COMMISSIO	<u> </u>)MB lumber:		-0287
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations Section 17(a) of the Securi					NEFICIAL OWNERSHIP OF IES Estimated burden ho response.					irs per	ry 31, 2005 0.5	
may cont See Instru 1(b).	inue. Section 17			Jtility Ho nvestmen	-	-	- ·	t of 1935 or Secti 1940	ion			
(Print or Type F	Responses)											
1. Name and A DUQUES H		2. Issuer Name and Ticker or Trading Symbol UNISYS CORP [UIS]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/02/2009			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 BEL	L, PA 19424-00	01						Form filed by Person	More	than One R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-	Deriv	vative	Securities A	Acquired, Disposed	of, 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 (Ins	posed of	(A) or of (D) and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form	wnership n: Direct or Indirect r. 4)	7. Nature Indirect Beneficia Ownersh (Instr. 4)	al iip
				Code V	Am	ount	(D) Price					
Reminder: Rep	ort on a separate lin	e for each cla	ass of sec	urities bene	F i r	Person nform require	ns who re ation con ed to resp ys a curre	or indirectly. spond to the collect tained in this form ond unless the fo ently valid OMB co	n are orm	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	Transaction	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities Acquired	(Month/Day/Year)	(Instr. 3 and 4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	(A) or Disposed of		

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	Derivative Security			(D) (Instr. 3, 4, and 5)						
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number or Shares
Phantom Stock Units (1)	\$ 0	01/02/2009	A <u>(2)</u>		6,828.4757		(3)	(3)	Common Stock	6,828.47

Reporting Owners

Reporting Owner Name / Address		Relationsh							
1.0.0	Director	10% Owner	Officer	Other					
DUQUES HENRY C UNISYS WAY BLUE BELL, PA 19424-0001	Х								
Signatures									
By: Susan T. Keene, attorney-i Duques		01/06/2009							
<u>**</u> Signature of Report	Date								
Explanation of Re	spon	ses:							

* 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.