Edgar Filing: JONES CLAYTON M - Form 4

JONES CL	AYTON M											
Form 4												
June 08, 20	10											
FORM	ΠΔ									OMB APPROVAL		
	UNITED	STATES				ND EXCH D.C. 2054		GE CO	MMISSION	OMB Number:	3235-0287	
Check this box									Expires:	January 31,		
if no longer subject to Section 16. SECURITE							SIAL	OWNI	Estimated average burden hours per			
Form 4 orresponse(f)Form 5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,(f)obligationsSection 17(a) of the Public Utility Holding Company Act of 1935 or Section(f)may continue.30(h) of the Investment Company Act of 1940(f)										0.5		
(Print or Type	Responses)											
1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Issuer JONES CLAYTON M Symbol Issuer						-	Reporting Person(s) to					
					-				(Check	k all applicable)		
			3. Date of Earliest Transaction (Month/Day/Year) 06/07/2010					-	XDirector10% Owner Officer (give titleOther (specify			
below)						elow)	below)					
				(Month/Day/Year)				А	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
BLUE BEI	LL, PA 19424-000)1						P	Form filed by Mo erson	re than One Rep	orting	
(City)	(State)	(Zip)	Tab	ole I - Noi	n-D	erivative Se	curiti	es Acqui	red, Disposed of,	or Beneficially	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deem (Month/Day/Year) Execution any (Month/Da		Date, ifTransactionor Disposed of (D)Code(Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following	OwnershipIndirectForm:BeneficDirect (D)Owners	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)		
Common Stock	06/07/2010			M <u>(1)</u>	,	729.8146	А	\$0	11,345.1146	D		
Common Stock	06/07/2010			J <u>(1)</u>	(0.8146	D	\$ 28.02	11,344.3	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

Edgar	Filina:	JONES	CLAYT	ON M -	Form 4
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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	TransactiorDerivative Code Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Stock Units (2)	\$ 0	06/07/2010		М		729.8146	(3)	(3)	Common Stock	729.8146

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
JONES CLAYTON M UNISYS WAY BLUE BELL, PA 19424-0001	Х							

Signatures

By: Susan T. Keene, attorney-in-fact For: Clayton M. 06/08/2010 Jones

**Signature of Reporting 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) Distribution of Unisys common stock in settlement of an equal number of phantom stock units awarded under the terms and provisions of the Deferred Compensation Plan for Directors of Unisys Corporation. The fractional share is paid in cash.
- (2) Common stock-equivalent units (1-for-1).
- 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.

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.