FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden 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

Name and Address of Reporting Person*     Fidelity National Information Services, Inc.  (Last) (First) (Middle)						Issuer Name and Ticker or Trading Symbol     COVANSYS CORP [ CVNS ]      Is a superior of the superior of								5. Relationship of Reporting (Check all applicable) Director Officer (give title below)			n(s) to Issue 10% Ov Other (s below)	vner		
601 RIVERSIDE AVENUE					07/02/2007															
(Street) JACKSONVILLE FL 32204					4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person									
(City) (State) (Zip)																				
			able I - Nor			_		<del>'</del>	Dis										-	
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)		Exe	Deemed ecution Date ny onth/Day/Yea	Code (Instr.						5. Amount Securities Beneficial Owned Fo	ly	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount		A) or D)	Price	Reported Transaction(s) (Instr. 3 and 4)						
Common Stock 07/0					/2007			J <sup>(1)</sup>		6,906,	450	D	\$34	0			D			
			Table II - I				ities Acq warrants							wned						
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/Yea	Code	saction (Instr.			6. Date Exercisa Expiration Date (Month/Day/Yea		Securities		ies Un ive Se	derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported	re es ally eg d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisal		xpiration ate	Title	Nι	nount or imber of iares		Transact (Instr. 4)					
Common Stock Purchase Warrant	\$15	07/02/2007		J <sup>(2)</sup>			1,000,000	09/15/200	04 0	3/15/2010	Comm Stock		000,000	\$34	0		D			
Common Stock Purchase Warrant	\$17.5	07/02/2007		J <sup>(2)</sup>			1,000,000	09/15/200	04 0	3/15/2010	Comm Stock		000,000	\$34	0	) D				
Common Stock Purchase Warrant	\$20.5	07/02/2007		J <sup>(2)</sup>			1,000,000	09/15/200	04 0	9/15/2010	Commo Stock		000,000	\$34	0		D			
Common Stock Purchase	\$24	07/02/2007		J <sup>(2)</sup>			1,000,000	09/15/200	04 0	9/15/2010	Commo		000,000	\$34	0		D			

#### **Explanation of Responses:**

- 1. Pursuant to the terms of the Merger Agreement, dated April 25, 2007, by and among the Company, Computer Sciences Corporation ("CSC") and Surfside Acquisition Corp., the Company was merged with and into CSC, with CSC as the surviving company, and each outstanding share of Company Common Stock was converted into the right to receive \$34.00 per share in cash.
- 2. Pursuant to the terms of the Merger Agreement, this Company warrant outstanding at the time of the merger was cancelled in exchange for a payment representing the product of (i) the excess of \$34.00 over the exercise price per share of such warrant; and (ii) the number of shares of Company Common Stock underlying the warrant.

# Remarks:

Todd C. Johnson, Corporate <u>Secretary</u>

07/05/2007

\*\* 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.