UNITED THERAPEUTICS Corp

Form 4

November 12, 2015

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

January 31, Expires: 2005

OMB APPROVAL

Form 4 or Form 5 obligations may continue.

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

burden hours per response... 0.5

Estimated average

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * ZACCARDELLI DAVID

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

UNITED THERAPEUTICS Corp [UTHR]

(Check all applicable)

(Last) (First) (Middle)

(Street)

(State)

(Zip)

3. Date of Earliest Transaction (Month/Day/Year)

Director 10% Owner X_ Officer (give title Other (specify below)

C/O UNITED THERAPEUTICS

11/10/2015

EVP & Chief Operating Officer

CORP., 1040 SPRING STREET

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check Applicable Line)

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

SILVER SPRING, MD 20910

(City)

		140	ic I - Non-L	ciivative	Secui	ines Acqu	ii cu, Disposcu oi	, or beneficial	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	on(A) or D (Instr. 3,	4. Securities Acquired n(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V	Amount	(D)	Price	, , , , , , , , , , , , , , , , , , , ,		
Common Stock	11/10/2015		M <u>(1)</u>	2,000	A	\$ 61.06	3,375	D	
Common Stock	11/10/2015		D <u>(1)</u>	2,000	D	\$ 156.75	1,375	D	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Edgar Filing: UNITED THERAPEUTICS Corp - Form 4

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		4. 5. Number		6. Date Exercisable and		7. Title and Amount of		
Derivative Security	Conversion or Exercise	(Month/Day/Year)	Execution Date, if any	Transaction Derivative Code Securities		Expiration Date (Month/Day/Year)		Underlying Securities (Instr. 3 and 4)		
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquire	ed	,	,	`	<i>,</i>
	Derivative Security				(A) or Dispose	ed of				
	Security				(D)	.u 01				
				(Instr. 3, 4,						
					and 5)					
							Date Exercisable	Expiration Date	Title	Amount or Number of
				Code V	(A)	(D)				Shares
Share Tracking Award	\$ 61.06	11/10/2015		M <u>(1)</u>	2.	,000	03/15/2014	03/15/2023	Common Stock	2,000

Reporting Owners

P (0 N / /)	Relationships
Panarting Owner Name / Address	

Director 10% Owner Officer Other

ZACCARDELLI DAVID C/O UNITED THERAPEUTICS CORP. 1040 SPRING STREET SILVER SPRING, MD 20910

EVP & Chief Operating Officer

Signatures

/s/ John S. Hess, Jr. under Power of Attorney

11/11/2015

**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) Exercise of a cash-settled share tracking award pursuant to a Rule 10b5-1 trading plan entered into by the reporting person.

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.

Reporting Owners 2