UNITED THERAPEUTICS Corp

Form 4

December 10, 2015

OMB APPROVAL UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading **JEFFS ROGER** Issuer Symbol UNITED THERAPEUTICS Corp (Check all applicable) [UTHR] (Last) (First) (Middle) 3. Date of Earliest Transaction _X__ Director 10% Owner X_ Officer (give title _ Other (specify (Month/Day/Year) below) C/O UNITED THERAPEUTICS 12/09/2015 President & Co-CEO CORPORATION, 1040 SPRING

4. If Amendment, Date Original

Filed(Month/Day/Year)

CIT	TIED	SPRING	MID	20010
> 11	$V \vdash K$	NPRING	10/11	70910

(Street)

STREET

(City)	(State)	(Zip) Tab	le I - Non-I	Derivative	Secu	rities Acqu	ired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securion(A) or D (Instr. 3,	ispose 4 and (A) or	d of (D)	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)
Common Stock	12/09/2015		M <u>(1)</u>	4,000	A	\$ 65.8	4,559	D	
Common Stock	12/09/2015		D <u>(1)</u>	4,000	D	\$ 153.68	559	D	
Common Stock							19,760	I	By trust
Common Stock (2)							6,773	I	By Jeffs Family LLC

6. Individual or Joint/Group Filing(Check

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

Applicable Line)

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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.

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		6. Date Exercisable and		7. Title and Amount of		
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction of Derivative		Expiration Date		Underlying Securities		
Security	or Exercise		any	Code	Code Securities		(Month/Day/Year)		(Instr. 3 and 4)	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	(Instr. 8) Acquired					
	Derivative				(A) or					
	Security			Disposed of						
				(D)						
				(Instr. 3, 4,						
				and 5)						
							_			Amount
							Date Exercisable	Expiration Date	Title	Number of
				Code V	(A)	(D)				Shares
Share									Common	
Tracking Award	\$ 65.8	12/09/2015		M(1)		4,000	03/15/2012	03/15/2021	Stock	4,000

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
JEFFS ROGER C/O UNITED THERAPEUTICS CORPORATION 1040 SPRING STREET	X		President & Co-CEO			
SILVER SPRING, MD 20910						

Signatures

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

**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) This exercise of share tracking awards was pursuant to a Rule 10b5-1 trading plan entered into by the reporting person.
- (2) Shares held by a family limited liability company of which the reporting person and his spouse are managing members.

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.

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