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UNITED TH Form 4 January 11, 2	IERAPEUTICS	Corp									
									OMB AF	PPROVAL	
FORN Check th	UNITED	SECURITIES AND EXCHANGE COMMIS Washington, D.C. 20549					OMMISSION	OMB Number:	3235-0287		
if no long subject to Section 1 Form 4 c	ger STATEN 16. pr	x STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES							Expires: Estimated a burden hou response	rs per	
Form 5 obligations may continue. See Instruction 1(b). 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											
(Print or Type]	Responses)										
JEFFS ROGER Syn			2. Issuer Name and Ticker or Trading Symbol				-	5. Relationship of Reporting Person(s) to Issuer			
		UNITED THERAPEUTICS Corp [UTHR]					(Check all applicable)				
				Date of Earliest Transaction /onth/Day/Year)				_X_ Director10% Owner _X_ Officer (give titleOther (specify			
C/O UNITED THERAPEUTICS 01/08/2016 below) CORPORATION, 1040 SPRING STREET below) below) President & Co-CEO)		
(Street) 4. If Amendment, I Filed(Month/Day/Ye					Day/Year) Applicable Lin _X_ Form file				by One Reporting Person		
	PRING, MD 2091							Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date, if			Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	01/08/2016			M <u>(1)</u>	4,000	А	\$ 65.8	4,559	D		
Common Stock	01/08/2016			D <u>(1)</u>	4,000	D	\$ 141.5	559	D		
Common Stock								19,760	I	By trust	
Common Stock (2)								6,773	I	By Jeffs Family LLC	

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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.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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)	5. Number torof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		erivative Expiration Date rities (Month/Day/Year) hired or osed of r. 3, 4,		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
Share Tracking Award	\$ 65.8	01/08/2016		M <u>(1)</u>		4,000	03/15/2012	03/15/2021	Common Stock	4,000

Reporting Owners

Reporting Owner Name / Address		Relationships						
F B	Director	10% Owner	Officer	Other				
JEFFS ROGER C/O UNITED THERAPEUTICS CORPORATION 1040 SPRING STREET SILVER SPRING, MD 20910	х		President & Co-CEO					
Signatures								
/s/ John S. Hess, Jr. under Power of Attorney	01/11/2016	6						
**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.
- (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.