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Form 4 August 29, 1	HERAPEUTICS	Corp										
FORM		STATES	SECU	DITIES	A ND EV	CIL	NCE CO	MMISSION		PROVAL		
	SIAILS		SECURITIES AND EXCHANGE CO Washington, D.C. 20549					OMB Number:	3235-0287			
Check the check	nger			_		Expires:	January 31, 2005					
subject Section Form 4	to SIAIEN 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI SECURITIES							Estimated a burden hour response	verage		
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)											
1. Name and A ROTHBLA	2. Issuer Name and Ticker or Trading Symbol				8	5. Relationship of Reporting Person(s) to Issuer						
			UNITE [UTHR	ED THER []	APEUT	ICS (Corp	(Check all applicable)				
(Last)	(First) (Middle)		of Earliest 7	Transaction	l		_X_ Director _X_ Officer (give t		Owner er (specify		
C/O UNITED THERAPEUTICS 08/29/2013 CEO CORPORATION, 1040 SPRING CEO								((peer y				
(Street)			4. If Amendment, Date Original				(6. Individual or Joint/Group Filing(Check				
CH VED S	•					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting						
	PRING, MD 2091]	Person				
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	e Secu	rities Acqu	ired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		n Date, if		4. Securi onor Dispo (Instr. 3,	sed of	(D)	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)		
C				Code V	Amount		Price	(Instr. 3 and 4)				
Common Stock	08/29/2013	08/29/20	013	M <u>(1)</u>	3,833	А	\$ 34.56 (2)	3,973	D			
Common Stock	08/29/2013	08/29/2	013	S <u>(1)</u>	3,833	D	\$ 72.7601	140	D			
Common Stock								166	Ι	By Spouse		
Common Stock								708,672.05	I <u>(3)</u>	By Trusts		

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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 SEC 1474 information contained in this form are not (9-02)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. Transactic Code (Instr. 8)	5. Number prof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	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
Stock Options	\$ 34.56 (2)	08/29/2013	08/29/2013	M <u>(1)</u>	3,833	12/30/2005	12/30/2015	Common Stock	3,833

Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
ROTHBLATT MARTINE A C/O UNITED THERAPEUTICS CORPORATION 1040 SPRING STREET SILVER SPRING, MD 20910	Х		CEO				
Signatures							
/s/ John S. Hess, Jr. under Power of Attorney	08/29/2013	3					
**Signature of Reporting Person	Date						

**Signature of Reporting Person

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).
- This exercise of stock options and corresponding sale of shares was pursuant to a Rule 10b5-1 trading plan entered into by the reporting (1)person.
- Exercise price and number of shares/awards has been adjusted to reflect the issuer's two-for-one stock split on September 22, 2009. (2)

(3) Shares held by the reporting person in GRATs and PMTs.

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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