Edgar Filing: UNITED THERAPEUTICS Corp - Form 4

	•	Lugui i illi	ig. or i			0110					
UNITED THE Form 4 May 01, 2014	ERAPEUTICS (Corp									
FORM	Δ								OMB AF	PROVAL	
CUNIVE 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check this if no longe subject to Section 16 Form 4 or Form 5	er STATEN	CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES ction 16(a) of the Securities Exchange Act of 1934,						Expires: Estimated a burden hour response			
obligations may continue.Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 1(b).											
(Print or Type R	esponses)										
1. Name and Address of Reporting Person * Ferrari John Maxim2. Issuer Name and Ticker or Trading Symbol5. Relationship Issuer						-	Reporting Person(s) to				
		UNITED THERAPEUTICS Corp [UTHR]					(Check all applicable)				
(Month			(Month/D	Date of Earliest Transaction Month/Day/Year) 5/01/2014				Director 10% Owner X Officer (give title Other (specify below) below) CFO			
				Amendment, Date Original (Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
SILVER SPI	RING, MD 2091	0						Form filed by M Person	ore than One Rej	porting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ities Acqu	iired, Disposed of,	, or Beneficiall	y Owned	
	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8)		sposed	l 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 (1)	05/01/2014			Code V M	Amount 10,000	(D) A	Price \$ 47.5 (2)	(inst. 5 and 4) 10,407	D		
Common Stock (1)	05/01/2014			S	10,000	D	\$ 102.2	407	D		

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.

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 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 of orDerivative 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 o Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amoun or Numbe of Shar
Share Tracking Award (1)	\$ 47.5 <u>(2)</u>	05/01/2014		М		10,000	03/15/2013 <u>(3)</u>	03/15/2022	Common Stock	10,00

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Ferrari John Maxim 1040 SPRING STREET SILVER SPRING, MD 20910			CFO				
Signatures							
/s/ John S. Hess, Jr. under Powe Attorney	er of	0	5/01/201	4			
<u>**</u> Signature of Reporting Person	l		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) Exercise price and number of shares/awards has been adjusted to reflect the issuer's two-for-one stock split on September 22, 2009.

(3) These share tracking awards vest in one-fourth increments on each of March 14, 2015, 2016, 2017 and 2018, and settle in cash only.

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.