## Edgar Filing: UNITED THERAPEUTICS Corp - Form 4

UNITED TH	ERAPEUTICS (	Corp						
Form 4	-							
June 23, 2016	Л				OMB A	PPROVAL		
Check this	UNITED		URITIES AND EXCH Vashington, D.C. 20549	ANGE COMMISSION	OMB Number:	3235-0287		
if no long subject to Section 16 Form 4 or	er <b>STATEN</b> 5.	IENT OF CH	Expires: Estimated a burden hou response	irs 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 R	esponses)							
1. Name and Address of Reporting Person <u>*</u> Olian Judy D.			uer Name <b>and</b> Ticker or Trac ol TED THERAPEUTICS ( IR]	Issuer	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	(First) (1 D THERAPEUT SPRING STRE	(Mon TICS 06/2	e of Earliest Transaction n/Day/Year) /2016	X Director Officer (give below)		6 Owner er (specify		
			mendment, Date Original ⁄lonth/Day/Year)	Applicable Line) _X_ Form filed by C	X_ Form filed by One Reporting Person Form filed by More than One Reporting			
(City)	(State)	(Zip) 1	able I - Non-Derivative Secu	urities Acquired, Disposed of	, or Beneficia	lly Owned		
	2. Transaction Date Month/Day/Year)		3. 4. Securities TransactionAcquired (A) ( Code Disposed of (I ) (Instr. 8) (Instr. 3, 4 and (A) or	or Securities F D) Beneficially (1 15) Owned (1 Following (1 Reported Transaction(s)	. Ownership form: Direct D) or Indirect I) Instr. 4)			
Reminder: Repo	ort on a separate line	for each class of s	Code V Amount (D) ecurities beneficially owned o Persons v informatio	vho respond to the collec on contained in this form	are not	EC 1474 (9-02)		
	Tab	le II - Derivative (	displays a number.	o respond unless the forr a currently valid OMB con d of. or Beneficially Owned				

(*e.g.*, puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5. ľ	Number	6. Date Exercisable and	7. Title and Amount of	8. Pr
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction f	Derivative	Expiration Date	Underlying Securities	Deriv

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)			(Month/Day/Year)		(Instr. 3 and 4)		Secu (Inst
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	\$ 0 <u>(1)</u>	06/21/2016		А	3,490 (2)		(3)	(3)	Common Stock	3,490	\$

Other

## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer		
Olian Judy D. C/O UNITED THERAPEUTICS CORP 1040 SPRING STREET SILVER SPRING, MD 20910	Х				
Signatures					
/s/ John S. Hess, Jr. under Power of Attorney	06/23/2016				
**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) Each restricted stock unit represents the right to receive, following vesting, one share of United Therapeutics Corporation common stock.
- (2) Annual non-employee director grant of restricted stock units and/or stock options, which are awarded and priced each year on the date of the issuer's Annual Meeting of Shareholders.

The restricted stock units vest on the one-year anniversary of the grant date only if the reporting person attends at least 75% of the regularly scheduled meetings of the issuer's Board and his or her committee meetings from the date of grant until the date of the issuer's

(3) regularly scheduled incentings of the issuer's board and ins of her committee incentings from the date of grant until the date of the issuer's next annual meeting of shareholders. Shares will be issued to the reporting person upon vesting unless the reporting person has elected to defer receipt of shares.

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.