Edgar Filing: MAHON PAUL A - Form 4

MAHON PA Form 4	AUL A										
August 18, 2	2017										
FORM	14 UNITED	SECU		ND EV	СПУ	NCEC	OMMISSION		PROVAL		
UNITED STATES SE				ECURITIES AND EXCHANGE COMMISSI Washington, D.C. 20549					OMB Number:	3235-0287	
Check th		8,	Expires:	January 31, 2005							
if no lon subject t Section Form 4 c	6. SIAIE	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES									
Form 5 obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17	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 Address of Reporting Person <u>*</u> MAHON PAUL A			2. Issuer Name and Ticker or Trading Symbol UNITED THERAPEUTICS Corp					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			[UTHR]				(check an applicable)			
(Last) C/O UNITH CORPORA STREET	3. Date of Earliest Transaction (Month/Day/Year) 08/17/2017					Director 10% Owner X_ Officer (give title Other (specify below) EVP & General Counsel					
	(Street)	(Street) 4. If Ame Filed(Mon			nte Origina	1		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
SILVER SH	PRING, MD 209	10						Form filed by M Person	ore than One Rej	porting	
(City)	(State)	(Zip)	Tab	le I - Non-E	Derivative	Secur	rities Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Month/Day/Year) (Instr. 3) 2. Transaction Date 2A. Deemed Execution Date, if any (Month/Day/Year)		n Date, if	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				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	(D)	Price	(Instr. 3 and 4)			
Common Stock	08/17/2017			M <u>(1)</u>	6,000	А	\$ 57.15	41,426	D		
Common Stock	08/17/2017			D <u>(1)</u>	6,000	D	\$ 131.06	35,426	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 (9-02) required to respond unless the form displays a currently valid OMB control number.

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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 ctionof Derivative Securities 8) 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 8 Underlying Securities 1 (Instr. 3 and 4) 5	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Share Tracking Award	\$ 57.15	08/17/2017		M <u>(1)</u>		6,000	03/15/2011	03/15/2020	Common Stock	6,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
r of the test of the	Director	10% Owner	Officer	Other			
MAHON PAUL A C/O UNITED THERAPEUTICS CORPORATION 1040 SPRING STREET SILVER SPRING, MD 20910	1		EVP & General Counsel				
Signatures							
/s/ John S. Hess, Jr. under Power of Attorney	08/18/2017	7					
**Signature of Reporting Person	Date						
Evaluation of Decrements							

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.

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.