Edgar Filing: UNITED THERAPEUTICS CORP - Form 4

| Form 4 May 16, 20 FORM Check if no lo subject Section Form 4 Form 5 obligat may co | VI 4 UNITED this box nger to 16. or Filed pu ions Section 17 | STATES MENT OI ursuant to S | Wa F CHA Section Public U | ashingto NGES II SECU 16(a) of Utility He | on, D.C. N BENE JRITIES the Secu olding C | 2054 CFIC S urities ompa | 9 IAL OWI 5 Exchang | COMMISSION NERSHIP OF e Act of 1934, E 1935 or Sectio | OMB Number: Expires: Estimated burden h response | • |
|--|--|---|--|---|--|--|--|--|---|------------------------------------|
| (Print or Type | e Responses) | | | | | | | | | |
| | Address of Reporting ATT MARTINE | - | Symbol | ED THE | | | - | 5. Relationship o Issuer (Cher | f Reporting P ck all applica | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 05/14/2008 | | | X Director X Officer (giv below) | | 0% Owner Other (specify | | |
| | (Street) | eet) 4. If Amendment, Date Origi Filed(Month/Day/Year) | | | inal | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | Ta | ble I - Nor | n-Derivati | ve Sec | curities Acq | uired, Disposed o | of, or Benefic | ially Owned |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deeme Execution I any (Month/Day | Date, if Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) | | 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 | | | | | | | | 124,513 <u>(1)</u> | Ι | By Trusts |
| Common Stock | | | | | | | | 95,679 <u>(2)</u> | Ι | By Trusts |
| Common Stock | 05/14/2008 | 05/14/200 | 08 | G | 2,465 (6) | D | \$ 0 | 0 | I | By Property Management Trust |
| Common Stock | 05/14/2008 | 05/14/200 | 08 | G | 2,465 (7) | D | \$ 0 | 0 | I | By Property Management Trust |
| | 05/14/2008 | 05/14/200 | 08 | S | 1 (8) | D | \$ 93.44 | 0 | Ι | |

| Common Stock | | | | | | | | | By Grantor Retained Annuity Trust |
|-----------------|------------|------------|---|--------------|---|---------------|-------|---|--|
| Common Stock | 05/14/2008 | 05/14/2008 | S | 1 (9) | D | \$ 93.47 | 0 | I | By Grantor Retained Annuity Trust |
| Common Stock | 05/14/2008 | 05/14/2008 | М | 3,200 | А | \$ 43.6 | 3,200 | D | |
| Common Stock | 05/15/2008 | 05/15/2008 | М | 4,000 | А | \$ 43.6 | 7,200 | D | |
| Common Stock | 05/14/2008 | 05/14/2008 | S | 3,200 (3) | D | \$ 93.4946 | 4,000 | D | |
| Common Stock | 05/15/2008 | 05/15/2008 | S | 4,000 (4) | D | \$ 92.1191 | 0 | 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.

 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. 5. Number Transactionof Derivative Code Securities (Instr. 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 Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|---|---------|--|--------------------|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Employee Stock Options | \$ 43.6 | 05/14/2008 | 05/14/2008 | М | 3,200 | 01/20/2005 | 06/26/2010 | Common Stock | 3,200 |
| Employee Stock Options | \$ 43.6 | 05/15/2008 | 05/15/2008 | М | 4,000 | 01/20/2005 | 01/20/2015 | Common Stock | 4,000 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--------------------------------|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| ROTHBLATT MARTINE A | | | | | | | |
| | Х | | CEO | | | | |
| | | | | | | | |

Signatures

| /s/ Paul Mahon under Power of | 05/16/2008 |
|-------------------------------|------------|
| Attorney | 05/16/2008 |

<u>**</u>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).

Date

- (1) Shares held by the reporting person in six GRATs and one PMT.
- (2) Shares held by the reporting person's spouse in five GRATs and one PMT.
- (3) This exercise and sale of 3,200 shares is pursuant to the 10b5-1 Plan adopted by the reporting person on August 3, 2007.
- (4) This exercise and sale of 4,000 shares is pursuant to the 10b5-1 Plan adopted by the reporting person on August 21, 2006.
- (5) Includes 1,468 shares issuable upon the exercise of stock options held by the reporting person's spouse.
- (6) Shares transfered from reporting person's Grantor Retained Annuity Trust to reporting person's Property Management Trust as referenced in footnote 1.
- (7) Shares transfered from reporting person's spouse's Grantor Retained Annuity Trust to reporting person's spouse's Property Management Trust as referenced in footnote 2.
- (8) The sale of this share was made in order to fulfill an annuity payment requirement of the reporting person's Grantor Retained Annuity Trust.
- (9) The sale of this share was made in order to fulfill an annuity payment requirement of the reporting person's spouse's Grantor Retained Annuity Trust.

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.