#### Edgar Filing: UNITED THERAPEUTICS CORP - Form 4

#### UNITED THERAPEUTICS CORP

Form 4

November 03, 2006

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

**OMB APPROVAL** 

3235-0287

Expires:

January 31, 2005

0.5

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Section 16. Form 4 or Form 5 obligations may continue.

See Instruction

Check this box

if no longer

subject to

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * GRAY R PAUL			2. Issuer Name and Ticker or Trading Symbol UNITED THERAPEUTICS CORP [UTHR]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)		
(Last)  C/O UNITED  CORP, 1110 S			3. Date of Earliest Transaction (Month/Day/Year) 11/03/2006	X Director 10% Owner Officer (give title below) Other (specify below)		
CII VED CDD	(Street)	20010	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting		
SILVER SPRINGS, MD 20910 (City) (State) (Zip)			Table I - Non-Derivative Securities Acc	Person  cquired, Disposed of, or Beneficially Owner		

		Table 1 Tion Berryadive Securities Required, Disposed of, of Beneficiary Switch							iy Owned
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securi	ities A	cquired	5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transaction(A) or Disposed of (D)			d of (D)	Securities	Form: Direct	Indirect
(Instr. 3)		any	Code	(Instr. 3, 4 and 5)		Beneficially	(D) or	Beneficial	
		(Month/Day/Year)	(Instr. 8)				Owned	Indirect (I)	Ownership
							Following	(Instr. 4)	(Instr. 4)
					(4)		Reported		
					(A)		Transaction(s)		
			~		or		(Instr. 3 and 4)		
			Code V	Amount	(D)	Price	· ·		
Common	11/03/2006	11/03/2006	М	5 000	٨	\$	5 000	D	
Stock	11/03/2000	11/03/2000	M	5,000	A	25.28	5,000	D	
C						¢			
Common	11/03/2006	11/03/2006	S	5,000	D	<b>5</b>	0	D	
Stock		,,	~	-,	_	59.34	Ť		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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 out Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		of Derivative Expiration Date Securities (Month/Day/Year) Acquired (A) or Disposed of (D) Instr. 3, 4,		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
Annual Director Stock Options	\$ 25.28	11/03/2006	11/03/2006	M		5,000	06/25/2004	06/25/2014	Common Stock	5,000

 $\mathbf{D}$ 

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
, <u>, , , , , , , , , , , , , , , , , , </u>	Director	10% Owner	Officer	Other			
GRAY R PAUL							
C/O UNITED THERAPEUTICS CORP	X						
1110 SPRING STREET	Λ						
SILVER SPRINGS, MD 20910							

## **Signatures**

/s/ Paul A. Mahon under Power of 11/03/2006 Attorney \*\*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).

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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