Edgar Filing: UNITED THERAPEUTICS CORP - Form 4

| UNITED TH Form 4 March 17, 20 | IERAPEUTICS (| CORP | | | | | | | | | |
|--|---|---|------------------------------|--|--|----------------------------------|-------------------------------|------------------------------------|--|--|----------------------|
| FORM Check thi if no long subject to Section 1 Form 4 or Form 5 obligation may cont <i>See</i> Instru 1(b). | is box ger STATEN 6. r Filed pur ns Section 17(a | IENT OF suant to S a) of the I | Was F CHAN Section 10 | Shington GES IN SECUI 6(a) of th ility Hol | BE BE RIT ne S ldin | C. 20 ENEF TIES Securit | 549 ICIA ies E ipany | L OW xchange y Act of | COMMISSION NERSHIP OF e Act of 1934, f 1935 or Sectior 0 | OMB Number: Expires: Estimated a burden hour response | • |
| | Responses) Address of Reporting I | | Symbol | [.] Name an D THER | | | | | 5. Relationship of Issuer (Check | Reporting Pers | |
| (Last) | (First) (N | /liddle) | 3. Date of (Month/D 03/16/20 | | rans | saction | | | _X_ Director _X_ Officer (give below) | | Owner er (specify |
| | (Street) | | | ndment, D th/Day/Yea | | Origina | l | | 6. Individual or Jo. Applicable Line) _X_ Form filed by O Form filed by M Person | ne Reporting Pe | rson |
| (City) | (State) | (Zip) | Tabl | e I - Non-l | Deri | ivative | Secur | ities Acq | uired, Disposed of, | or Beneficial | ly Owned |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deen Execution any (Month/D | n Date, if | 3. Transacti Code (Instr. 8) Code V | ion(A (I | Instr. 3, | spose | d of (D) 5) Price | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | |
| Common Stock | 03/16/2006 | 03/16/2 | 006 | S | 2 (1 | .,000 | D | \$ 63.75 | 266,368 <u>(2)</u> | 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)

| De Se | Title of erivative ecurity nstr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transact Code (Instr. 8) | 5. 6. Date Exercisa onNumber Expiration Date of (Month/Day/Yes Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | Date | Amou Unde Secur | le and unt of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|----------|--|---|---|--------------------------------------|--|---------------------|--------------------|-----------------------|---|---|--|
| | | | | Code N | 4, and 5) 7 (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

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

Signatures

| /s/ Paul A. Mahon under Power of | 03/17/2006 |
|----------------------------------|------------|
| Attorney | 03/1//2000 |

**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

This sale of 2,000 shares is pursuant to the 10b5-1 Plan adopted by the reporting person's spouse on March 12, 2004. The reporting (1) person disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 or any other purpose.

(2) Includes 50,173 shares held by the reporting person's spouse.

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.