LAZRUS SHERMAN Form 3 June 09, 2011 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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> LAZRUS SHERMAN | | | 2. Date of Event Requ Statement (Month/Day/Year) | | 3. Issuer Name and Ticker or Trading Symbol United Health Products, Inc. [UEEC] | | | | |
|---|-----------------------------|--|--|--|--|---|---|--|--|
| (Last) | (First) | (Middle) | 06/01/2011 | | 4. Relationship of Reporting Person(s) to Issuer | | 5. If Amendment, Date Original Filed(Month/Day/Year) | | |
| P.O. BOX 4 | 083 | | | | | | | | |
| | (Street) | | | (Check a | all applicable) | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | |
| SILVER SPRING, Ì | MDÂ 2091 | 4 | | X_ Director Officer (give title below | 10% Ow Other) (specify below) | _X_Form Person Form | | | |
| (City) | (State) | (Zip) | Table | I - Non-Derivati | ve Securities | Beneficiall | eneficially Owned | | |
| 1.Title of Secu (Instr. 4) | rity | | | unt of Securities vially Owned | Ownership C | . Nature of Indi Ownership Instr. 5) | irect Beneficial | | |
| Reminder: Rep owned directly | | ate line for ea | ch class of securities be | neficially SE | EC 1473 (7-02) | | | | |
| | inform require curren | ation conta ed to respo tly valid Ol | pond to the collectio ained in this form are nd unless the form of MB control number. | e not displays a | | | | | |
| ſ | able II - Der | ivative Secu | rities Beneficially Own | ed (e.g., puts, calls, | warrants, optio | ns, convertible | securities) | | |
| 1. Title of Deri (Instr. 4) | vative Securit | Expii | ration Date Se /Day/Year) De | Title and Amount of curities Underlying erivative Security astr. 4) | 4. Conversion or Exercise Price of Derivative | 5. Ownership Form of Derivative Security: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | |
| | | D | D • • • | | Derrunite | Security. | | | |

Date

Exercisable

Expiration

Title

Date

OMB APPROVAL

OMB Number: 3235-0104 Expires: January 31, 2005 Estimated average burden hours per response... 0.5

Direct (D)

or Indirect

(Instr. 5)

(I)

Security

Amount or

Number of

Shares

Reporting Owners

| Reporting Owner Name / Addres | s | Relationships | | | | | |
|--|---------|---------------|---------|-------|--|--|--|
| 1 | | 10% Owner | Officer | Other | | | |
| LAZRUS SHERMAN P.O. BOX 4083 SILVER SPRING, MD 209 | | Â | Â | Â | | | |
| Signatures | | | | | | | |
| /s/ Sherman 06/0 Lazrus | 08/2011 | | | | | | |
| **Signature of Reporting Person | Date | | | | | | |

Explanation of Responses:

No securities are beneficially owned

* If the form is filed by more than one reporting person, see Instruction 5(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.