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United Hea Form 4 August 23,	lth Products, Inc.								
OMB APPROVAL									
	UNITEDS	TATES SECU Wa		ND EXCHA D.C. 20549	ANGE CO	MMISSION	OMB Number:	3235-0287	
Check t if no lo	this box						Expires:	January 31, 2005	
	subject to STATEMENT OF CHANGES IN B							verage	
Section Form 4		SECURITIES					burden hours per response 0.5		
Form 5		response Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							
obligati	ions Section 17(a)) of the Public U					L		
may co See Inst	nunue.	30(h) of the I	•	e .	•		-		
1(b).									
	D								
(Print or Type	e Responses)								
1. Name and Address of Reporting Person _2. IssuerForman Phillip DavidSymbol			Iccuar				Reporting Person(s) to		
United			United Health Products, Inc. [UEEC]				ek all applicable)		
(Last)	(First) (M	(Middle) 3. Date of Earliest Transaction (Check all applicable))		
			(Month/Day/Year)					Owner	
			$07/25-05:00/2013$ $\frac{1}{below}$						
RD,501						President, 0	Chairman and	CEO	
	(Street)		endment, Da	-		. Individual or Joi	nt/Group Filin	g(Check	
Filed(Month			l(Month/Day/Year) Applicable Line) X Form filed by (One Reporting Person		
EDISON,	NJ 08837				-	Form filed by Me erson			
(City)	(State) (Z	Zip) Tal	ole I - Non-D	Derivative Secu	rities Acqui	red, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities	Acquired (A) 5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution Date, i		ionor Disposed o	of (D)	Securities	Ownership	Indirect	
(Instr. 3)		any (Month/Day/Yea	Code r) (Instr. 8)	(Instr. 3, 4 an	d 5)	Beneficially Owned	Form: Direct (D)	Beneficial Ownership	
		(., (,			Following	or Indirect	(Instr. 4)	
					(A)	Reported Transaction(s)	(I) (Instr. 4)		
			Code V	7 A f	or	(Instr. 3 and 4)	(1150.4)		
Common			Code V		(D) Pric				
Stock	07/25-05:00/2013		D	2,090,000	D \$0	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)

2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and (Month/Day/Year)	d Expiration Date	7. U (I
			Code V	(A) (D)	Date Exercisable	Expiration Date	T
\$ 0.15	07/25-05:00/2013		D	750,000	04/07-05:00/2010	04/07-05:00/2015	C
\$ 0.06	07/25-05:00/2013		D	2,000,000	02/23-06:00/2011	02/23-06:00/2016	C
	Conversion or Exercise Price of Derivative Security \$ 0.15	Conversion (Month/Day/Year) or Exercise Price of Derivative Security \$ 0.15 07/25-05:00/2013	Conversion or Exercise Price of Derivative Security(Month/Day/Year)Execution Date, if any (Month/Day/Year)\$ 0.1507/25-05:00/2013	Conversion or Exercise Price of Derivative Security(Month/Day/Year)Execution Date, if any (Month/Day/Year)Transaction Code (Instr. 8)SecurityCode(Instr. 8)\$ 0.1507/25-05:00/2013D	Conversion or Exercise Price of Derivative Security(Month/Day/Year)Execution Date, if any (Month/Day/Year)TransactionDerivative Code (Instr. 8)TransactionDerivative SecuritiesSecurity(Month/Day/Year)(Month/Day/Year)TransactionDerivative Code (Instr. 8)Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)\$ 0.1507/25-05:00/2013D750,000	Conversion or Exercise Price of Derivative Security(Month/Day/Year)Execution Date, if any (Month/Day/Year)TransactionDerivative 	Conversion or Exercise Price of Derivative Security(Month/Day/Year)Execution Date, if any (Month/Day/Year)TransactionDerivative Code (Instr. 8)(Month/Day/Year)(Month/Day/Year)Security(Month/Day/Year)(Month/Day/Year)(Month/Day/Year)(Month/Day/Year)(Month/Day/Year)Security(Month/Day/Year)(Month/Day/Year)(Month/Day/Year)(Month/Day/Year)Security(Month/Day/Year)(Month/Day/Year)(Month/Day/Year)Security(Month/Day/Year)(Month/Day/Year)(Month/Day/Year)Security(Month/Day/Year)(Month/Day/Year)(Month/Day/Year)Security(Month/Day/Year)(Month/Day/Year)(Month/Day/Year)Security(Month/Day/Year)(Month/Day/Year)(Month/Day/Year)Security(Month/Day/Year)(Month/Day/Year)(Month/Day/Year)Security(Month/Day/Year)(Month/Day/Year)(Month/Day/Year)Security(Month/Day/Year)(Month/Day/Year)(Month/Day/Year)Security(Month/Day/Year)(Month/Day/Year)(Month/Day/Year)Security(Month/Day/Year)(Month/Day/Year)(Month/Day/Year)Security(Month/Day/Year)(Month/Day/Year)(Month/Day/Year)Security(Month/Day/Year)(Month/Day/Year)(Month/Day/Year)Security(Month/Day/Year)(Month/Day/Year)(Month/Day/Year)Security(Month/Day/Year)(Month/Day/Year)(Month/Day/Year)Security(Month/Day/Year)(Month/Day/Year)(M

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Forman Phillip David 1090 KING GEORGES POST RD,501 EDISON, NJ 08837			President, Chairman and CEO			
Claure et une e						

Signatures

/s/ Phillip Forman	08/23-05:00/2013		
**Signature of	Date		

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).

(1) Not applicable.

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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