

BEPLATE DOUGLAS K
Form 5
April 17, 2018

FORM 5

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

OMB APPROVAL

OMB Number: 3235-0362
Expires: January 31, 2015
Estimated average burden hours per response... 1.0

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
Form 3 Holdings Reported Form 4 Transactions Reported

ANNUAL STATEMENT OF CHANGES IN 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

1. Name and Address of Reporting Person *
BEPLATE DOUGLAS K

(Last) (First) (Middle)

2. Issuer Name and Ticker or Trading Symbol
United Health Products, Inc. [UEEC]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)
 Director 10% Owner
 Officer (give title below) Other (specify below)
CEO

C/O UNITED HEALTH PRODUCTS, INC., 10624 S. EASTERN AVE., STE. A209

(Street)

3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)
12/31-07:00/2017

HENDERSON, NV 89052

(City) (State) (Zip)

4. If Amendment, Date Original Filed (Month/Day/Year)

6. Individual or Joint/Group Reporting

(check applicable line)

Form Filed by One Reporting Person
 Form Filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock (1)	08/09-06:00/2017	Â	G4	250,000 D	\$ 0 (2) 6,328,753	D	Â
Common Stock (1)	10/31-06:00/2017	Â	G4	492,500 D	\$ 0 (2) 5,836,253	D	Â
Common Stock (1)	11/02-06:00/2017	Â	G4	131,000 D	\$ 0 (2) 5,705,253	D	Â
	12/15-07:00/2017	Â	G4	1,000,000 D	4,705,253	D	Â

Common Stock ⁽¹⁾ \$ 0
(2)

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.

SEC 2270
(9-02)

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. Transaction Code (Instr. 8)	5. Number of Derivative Securities 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)	8. Price of Derivative Security (Instr. 5)	9. of D Se B O E Is Fi (I
--	--	--------------------------------------	--	--------------------------------	---	--	---	--	---------------------------

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
BEPLATE DOUGLAS K C/O UNITED HEALTH PRODUCTS, INC. 10624 S. EASTERN AVE., STE. A209 HENDERSON, NV 89052	Â	Â	Â CEO	Â

Signatures

/s/ Dougals Beplate 04/17-06:00/2018
 **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).
- (1) Excludes 500,000 shares of common stock owned by his spouse and shares of common stock to be issued in the future by the company pursuant to his employment agreement of January 15, 2015 and board approved executive compensation of April 16, 2018.
- (2) Shares were gifted and no price per share was received by Mr. Beplate.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.