Capotorto John Vito Form 3 June 09, 2011 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 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 Ad Person <u>*</u> Capotorto	-		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)		
401 EAST 86TH ST. 19F (Street) NEW YORK, NY 10028				X Director Officer	OfficerOther (give title below) (specify below)		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 		
(City)	(State)	(Zip)	Table	e I - Non-Derivati	ve Securitie	s Beneficiall	y Owned		
1.Title of Secur (Instr. 4)	ity			ount of Securities icially Owned 4)	Ownership	4. Nature of Ind Ownership (Instr. 5)	irect Beneficial		
Reminder: Repo owned directly		ate line for ea	ach class of securities b	eneficially SI	EC 1473 (7-02)				
	inforn requir	nation contaired to respo	pond to the collection ained in this form an and unless the form MB control number.	re not displays a					
Т	able II - Der	vivative Secu	rities Beneficially Own	ned (e.g., puts, calls,	warrants, opti	ons, convertible	e securities)		
1. Title of Deriv (Instr. 4)	vative Securi	Expi	ration Date S //Day/Year) D	. Title and Amount of ecurities Underlying Derivative Security Instr. 4)	4. Conversio or Exercise Price of	1	6. Nature of Indirect Beneficial Ownership (Instr. 5)		

Date

Exercisable Date

Expiration

Title

0005 0404

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

Security:

Direct (D)

or Indirect

(Instr. 5)

(I)

Derivative

Security

Amount or

Number of

Shares

Reporting Owners

Reporting Owner Name / Addres	S	Relationships					
L O	Director	10% Owner	Officer	Other			
Capotorto John Vito 401 EAST 86TH ST. 19F NEW YORK, NY 10028	X	Â	Â	Â			
Signatures							
/s/ John V. Capotorto	5/08/2011						
<u>**</u> 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.