FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Goldstein Jeffrey David	2. Date of Event Requiring Statem (Month/Day/Year)	nent [	3. Issuer Name and Ticker or Trading Symbol UNITED ONLINE INC [ UNTD ]					
(Last) (First) (Middle)	01/11/2016		Relationship of Reporting Pers (Check all applicable)    Check all applicable   Check	, ,	(Mor	5. If Amendment, Date of Original Filed (Month/Day/Year)		
C/O UNITED ONLINE, INC. 21255 BURBANK BOULEVARD SUITE 400			Director  X Officer (give title below)  Interim CEC	10% Owne Other (spe below)	cify 6. In	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One		
(Street) WOODLAND CA 91367 HILLS						Reporting P	•	
(City) (State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4) or Inc (Instr		rect (D) (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable a Expiration Date (Month/Day/Year)		te	3. Title and Amount of Secur Underlying Derivative Secur 4)		4. Conversion or	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
		Expiration Date	n Title	Amount or Number of Shares	Exercise Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

**Explanation of Responses:** 

No securities are beneficially owned.

/s/ Jeffrey David Goldstein 01/13/2016

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).