Edgar Filing: WELTERS ANTHONY - Form 4

WELTERS A Form 4 March 22, 20											
FORM	1									PPROVAL	
	UNITE	D STATES		ITIES A hington,			IGE C	COMMISSION	OMB Number:	3235-0287	
Section 16.				NGES IN BENEFICIAL OWNERSHIP OF SECURITIES				Expires: January 31, 2005 Estimated average burden hours per			
Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	Filed p ns Section 1	7(a) of the	Public Ut		ing Com	pany	Act of	e Act of 1934, f 1935 or Section 40	response n	0.5	
(Print or Type R	lesponses)										
WELTERS ANTHONY Symbol UNITED			r Name and Ticker or Trading DHEALTH GROUP INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)(First)(Middle)[UNH](Last)(First)(Middle)3. Date of 1 (Month/DaC/O UNITEDHEALTH03/21/20GROUP, 9900 BREN ROAD EAST03/21/20				-				Director 10% Owner Officer (give title Other (specify below) below) below) EVP, UnitedHealth Group			
				ndment, Date Original th/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
MINNETON	NKA, MN 5534	43						Form filed by M Person	Iore than One Re	eporting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Ye	ar) Executio any			on(A) or Dis (D)	sposed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	03/21/2011			А	154.79 (1)	A	\$0	140,666.79	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)

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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
reporting of the Lame (Lauress	Director	10% Owner	Officer	Other				
WELTERS ANTHONY C/O UNITEDHEALTH GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343			EVP, UnitedHealth Group					
Signatures								
Christopher J. Walsh, Attorney-in-F Welters	fact for: Ant	hony	03/22/2011					
<u>**</u> Signature of Reporting Pe	rson		Date					
Evenlay attack of Daam		_						

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) Represents payment of dividend equivalents on outstanding restricted stock units. The dividend equivalents are subject to the same terms as the underlying restricted stock units and are forfeited if the related award does not vest.

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.