### Edgar Filing: UNITEDHEALTH GROUP INC - Form 4

UNITEDHEALTH GROUP I Form 4 October 05, 2011	NC									
FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). INDED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 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							OMB Number: Expires: Estimated a burden hou response	Number: 3235-0287 Expires: January 31, 2005 Estimated average burden hours per response 0.5		
(Print or Type Responses)										
1. Name and Address of Reporting I HOOPER MICHELE J	er Name <b>and</b> Ticker or Trading EDHEALTH GROUP INC ]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (M C/O UNITEDHEALTH GROUP, 9900 BREN ROAD	f Earliest Transaction Day/Year) 011				X Director Officer (give below)		b Owner er (specify			
(Street) MINNETONKA, MN 55343	Filed(Month/Day/Year) Applic					Applicable Line) _X_ Form filed by (	l or Joint/Group Filing(Check ne) ed by One Reporting Person d by More than One Reporting			
	(Zip) Tabl	I Non D	rivativa S	ocuri	tion A of	Person	f or Ronoficial	lly Ownod		
1.Title of 2. Transaction Date	Table	3. Transactic Code (Instr. 8) Code V	4. Securit mAcquired Disposed (Instr. 3,	ties (A) o of (D	r )	Juired, Disposed 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)	7. Nature of		
Common 10/03/2011 Stock		A	874 <u>(1)</u>		\$ 0	19,420	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)

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1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exer		7. Tit		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Unde	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr	. 3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(mon
					(insu: 5, 4, and 5)						
					4, and 3)						
									Amount		
						D (	Б · ./		or		
						Date	Expiration	Title	Number		
						Exercisable	Date	of	of		
				Code V	(A) (D)				Shares		
					( ) (-)						

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
HOOPER MICHELE J C/O UNITEDHEALTH GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343	Х							
Signatures								
Dannette L. Smith, Attorney-in-Fa Hooper	10/05/2011							

#### \*\*Signature of 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) Represents deferred stock units that are granted as regular quarterly compensation for service as a director of UnitedHealth Group. Deferred stock units are immediately vested, but must be retained by the director until departure from the Board.

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.

Date