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Form 4												
June 08, 201										PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB	3235-0287			
	Check this box Washington, D.C. 20549							Number: Expires:	January 31,			
subject to Section 1 Form 4 o Form 5 obligatio	if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESForm 4 or Form 5 obligationsFiled 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							Estimated average burden hours per response 0.5				
may cont <i>See</i> Instru 1(b).	inue.			vestment	-	-	-					
(Print or Type I	Responses)											
1. Name and Address of Reporting Person <u>*</u> RANGEN ERIC S			2. Issuer Name and Ticker or Trading Symbol UNITEDHEALTH GROUP INC					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
	(liddle)	[UNH]										
(Last) C/O UNITE INCORPOF ROAD EAS	3. Date of Earliest Transaction (Month/Day/Year) 06/05/2010					Director 10% Owner X_ Officer (give title Other (specify below) below) Sr VP & Chief Acctg Officer						
MINNETO	(Street) 4. If Ame Filed(Mor INNETONKA, MN 55343				ate Origina	ıl		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting 				
(City)		(Zip)	Tabl	a L. Non F	Nami trativo	Sam	iting A as	Person	en Donoficio	Ur Ormod		
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deen	· · · · · · · · · · · · · · · · · · ·				cquired	Juired, Disposed of 5. Amount of Securities	6. Ownership	7. Nature of Indirect		
(Instr. 3)		any (Month/D	0ay/Year)	Code (Instr. 8) Code V	(Instr. 3, Amount	4 and (A) or (D)	5) Price	Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
Common Stock	06/05/2010			F	744	D	\$ 30.34	56,016 <u>(1)</u>	D			
Common Stock								20	Ι	Custodial Account 1		
Common Stock								20	Ι	Custodial Account 2		

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Tit	le and	8. Price of	9. Nu	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Date		Amo	unt 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		Secu	rities	(Instr. 5)	Bene	
	Derivative				Securities			(Instr	: 3 and 4)		Owne	
	Security				Acquired						Follo	
					(A) or						Repo	
					Disposed						Trans	
					of (D)						(Instr	
					(Instr. 3,							
					4, and 5)							
									Amount			
						D .			or			
						Date	Expiration	Title	Number			
						Exercisable	Date		of			
				Code V	(A) (D)				Shares			
_												
Reporting Owners												
•	Ŭ											
						Dalat						
Reporting Owner Name / Address					Relationships							

Director

10% Owner

RANGEN ERIC S C/O UNITEDHEALTH GROUP INCORPORATED 9900 BREN ROAD EAST MINNETONKA, MN 55343

Signatures

By: Christopher J. Walsh, Attorney-in-Fact For: Eric S. Rangen

**Signature of Reporting Person

Date

06/08/2010

Officer

Sr VP & Chief Acctg Officer

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) Includes dividend shares received through UnitedHealth Group Incorporated's Employee Stock Purchase Plan.

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.

Other