Edgar Filing: Zamoff Mitchell Eliot - Form 4

Zamoff Mitc	chell Eliot										
Form 4	1										
May 26, 201											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
	UNILD	DIMIL D		shington					OMB Number:	3235-0287	
Check th											
if no longer subject to STATEMENT OF CHAN				NGES IN BENEFICIAL OWNER				NERSHIP OF	Expires: 200 Estimated average		
Section 16.				SECURITIES					burden hours per		
Form 4 or Form 5 Filed pursuant to Section 16(a) of the Section							vohona	Λ at of 1034	response	0.5	
obligatio	ns Section 17(-	1935 or Section	n		
may cont See Instr	unue.			ivestment	•	- ·			-		
1(b).	action				-						
(Print or Type I	Responses)										
1. Name and Address of Reporting Person * 2. Issuer Zamoff Mitchell Eliot Symbol				aer realing und riener er riading				5. Relationship of Reporting Person(s) to Issuer			
			•	TEDHEALTH GROUP INC							
[UNH								(Check all applicable)			
(Last)	(First) (N	Middle)	3. Date o	f Earliest T	ransaction			Director		Owner	
C/O UNITEDHEALTH 05/24/2				-				X Officer (give title Other (specify below) below)			
	20HEALTH 200 BREN ROAD	FAST	05/24/2	2011				EVP and	General Coun	sel	
01001,))	(Street)		1 If Am	andmant D	ata Original			6 Individual on Iai	nt/Crown Filin	c/Charle	
· · · · · · · · · · · · · · · · · · ·			f Amendment, Date Original ed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
			,	2	,			_X_ Form filed by O			
MINNETO	NKA, MN 55343							Form filed by M Person	ore than One Rej	porting	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securi	ties Acq	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction Date			3.	4. Securiti			5. Amount of	6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)		Execution Date, if Transacti any Code (Month/Day/Year) (Instr. 8)		on(A) or Disposed of (D) (Instr. 3, 4 and 5)			Securities Beneficially	Ownership Form: Direct	Indirect Beneficial	
		(Month/D						Owned Following	(D) or Ownersh	Ownership	
						<i>.</i>		Following Reported	Indirect (I) (Instr. 4)	(Instr. 4)	
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	05/24/2011			А	20,900 (1)	А	\$ 47.96	113,612.795	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 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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amount of		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Zamoff Mitchell Eliot C/O UNITEDHEALTH GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343			EVP and General Counsel					
Signatures								
Dannette L. Smith, Attorney-in-Fa Zamoff	act for Mi	tchell E.	05/26/2011					
<u>**</u> Signature of Reporting	Person		Date					

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) The restricted stock units will vest at a rate of 33% annually on May 24 from the years 2012 through 2014.

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.