## Edgar Filing: Sweere Lori - Form 4

Sweere Lori

Form 4 July 30, 2008	3										
FORM 4       UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549         Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).       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							OMMISSION	OMB AF OMB Number:	PPROVAL 3235-0287		
							e Act of 1934, 1935 or Section	Expires: Estimated a burden hour response n			
(Print or Type R	(esponses)										
Sweere Lori Symbol UNI				2. Issuer Name <b>and</b> Ticker or Trading ymbol 'NITEDHEALTH GROUP INC JNH]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	<sup>(First)</sup> DHEALTH G ATED, 9900 I T		3. Date of Earli (Month/Day/Ye 07/30/2008		nsaction			Director X Officer (give below) EVP,		Owner r (specify	
				nendment, Date Original onth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
MINNETON	NKA, MN 553							Person		porting	
(City)	(State)	(Zip)	Table I - N	Non-De	rivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Execution any	n Date, if Tran Cod Day/Year) (Inst	nsaction le ( tr. 8)	4. Securit (A) or Di (Instr. 3, 4)	spose	d of (D)	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	07/30/2008		F		1,602	D	\$ 27.28	39,703	D		

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

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 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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne 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		
Sweere Lori C/O UNITEDHEALTH GROUP INCORPORATED 9900 BREN ROAD EAST MINNETONKA, MN 55343			EVP, Human Capital			
Signatures						
By: Dannette L. Smith, Attorney-In-Fact For: Lori K. Sweere		07/30/20	008			
<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).

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.