## Edgar Filing: UNITEDHEALTH GROUP INC - Form 4

UNITEDHE Form 4 October 02,	EALTH GROUP	INC										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISS										OMB APPROVAL		
Washington, D.C. 20549								N OMB Number:	3235-0287			
if no lon subject t Section	Check this box if no longer subject to Section 16. Form 4 or								Estimated burden hoi	Expires: January 31, 2005 Estimated average burden hours per response 0.5		
Form 5 obligation may corn See Instruction 1(b).	ons Section 17(	a) of the l	Public U		ding Cor	npan	y Act	nge Act of 1934, of 1935 or Section 940	·			
(Print or Type	Responses)											
1. Name and Address of Reporting Person <u>*</u> WILENSKY GAIL R			2. Issuer Name <b>and</b> Ticker or Trading Symbol UNITEDHEALTH GROUP INC [UNH]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
	(Month/Day/Year)(Month/Day/Year)TEDHEALTH GROUP10/01/2008DRATED, 9900 BREN10/01/2008					ve title109 below)	% Owner her (specify					
Filed				If Amendment, Date Original iled(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
MINNETO	ONKA, MN 55343	5						Person	whole than one R	eporting		
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Secu	rities A	cquired, Disposed	of, or Beneficia	ally Owned		
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deem Execution any (Month/Day/Year)		Date, if Transaction Code ay/Year) (Instr. 8)		4. Securities nAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or		Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect				
Reminder: Re	port on a separate line	for each ch	ass of sec	Code V			Price rectly o	. ,				
	r on a copulate line						c					

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 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)	ative Conversion (Month/Day/Year) Execution ity or Exercise any		Execution Date, if	4. Transactio Code (Instr. 8)	5. Number out Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour Underlying Securit (Instr. 3 and 4)					
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Share				
Non-Qualified Stock Option (right to buy)	\$ 25.08	10/01/2008		А	5,000	10/01/2008	10/01/2018	Common Stock	5,0				
Reporting Owners													
Reporting Owner Name / Address				<b>Rela</b> r 10% O <sup>4</sup>	<b>tionships</b> wner Officer	Other							
WILENSKY GAIL R C/O UNITEDHEALTH GROUP INCORPORATED 9900 BREN ROAD EAST MINNETONKA, MN 55343													
Signature	es												
By: Dannette L. Smith, Attorney-In-Fact For: Gail R. Wilensky				1	0/02/2008								
**Signature of Reporting Person					Date								

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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.