#### Edgar Filing: WILENSKY GAIL R - Form 4

WILENSKY	Y GAIL R								
Form 4 June 04, 200	09								
FORM	ЛЛ	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							PPROVAL 3235-0287
Check th if no lon subject to Section Form 4 Form 5 obligation may con <i>See</i> Insta 1(b).	nger to 16. or Filed put ons stinue.	<b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</b> <b>SECURITIES</b> 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						Estimated burden hoi response	urs per
(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)			
	EDHEALTH GR RATED, 9900 BI			of Earliest Tr Day/Year) 2009	ransaction		X Director Officer (giv below)		% Owner her (specify
Fil			4. If Amendment, Date Original Filed(Month/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>			
MINNETO	ONKA, MN 55343	3					Person	wore than one it	eporting
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	cquired, Disposed	of, or Beneficia	ally Owned
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/Year)(Instr. 3)any (Month/Day/Year)		Date, if	Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Reminder: De	port on a separate line	e for each al	ass of see	Code V		(D) Price			
Rennuel. Re	port on a separate find	e for each ch	133 01 300	unities bellel	nerany ow	neu uncerty (	n muneeuy.		

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. 5. Number 6. Date Exercisable and Transaction Date Expiration Date Code Derivative (Month/Day/Year) (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		e	7. Title and A Underlying S (Instr. 3 and	Securities	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amoun or Numbe of Shares
Non-Qualified Stock Option (right to buy)	\$ 28.1	06/02/2009		A <u>(1)</u>	860	06/02/2009	06/02/2019	Common Stock	860

# **Reporting Owners**

Reporting Owner Name / Address	Relationships				
1	Director	10% Owner	Officer	Other	
WILENSKY GAIL R C/O UNITEDHEALTH GROUP INCORPORATED 9900 BREN ROAD EAST MINNETONKA, MN 55343	Х				
Signatures					
By: Dannette L. Smith, Attorney-in-Fact For: Gail R. Ph.D.	06/04/2009				
<b>**</b> Signature of Reporting Person			Date		

#### \*\*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).
- The reporting person previously elected to convert a portion of her eligible cash compensation into stock options pursuant to a previously (1) approved policy.

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.