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RANGEN EI	RIC S											
Form 4	0											
June 08, 2009										PPROVAL		
Washington, D.C. 20549								OMB Number:	3235-0287			
	Check this box								Expires:	January 31, 2005		
subject to Section 16. Form 4 or				GES IN I SECUR		[CIA	L OW	NERSHIP OF	Estimated burden hou response	average Jrs per		
Form 5 obligations may continue. See Instruction 1(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												
(Print or Type R	Responses)											
RANGEN ERIC S Symbol				Name and			0	5. Relationship of Reporting Person(s) to Issuer				
	[UNH]					(Check all applicable)						
(Last) (First) (Middle) 3. Date of (Month/Da C/O UNITEDHEALTH GROUP 06/05/20				-				Director10% Owner XOfficer (give titleOther (specify below)below)				
	ATED, 9900 BF		00/05/20					Sr VP &	Chief Acctg O	fficer		
				ndment, Date Original h/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
MINNETON	NKA, MN 55343							Person	viore than One R	eporting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Executio any		3. Transactic Code (Instr. 8) Code V	on(A) or Di (D) (Instr. 3,	spose	d of	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	06/05/2009			F	745	D	\$ 27.1	52,032 <u>(1)</u>	D			
Common Stock								20	I	Custodial Account 1		
Common Stock								20	I	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		7. Ti	tle and	8. Price of	9. Nu
Derivative	Conversion	n (Month/Day/Year) Execution Date, if		TransactionNumber		Expiration Date		Amo	unt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/Year)		Unde	erlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secu	rities	(Instr. 5)	Bene
	Derivative				Securities			(Insti	: 3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration	Title			
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		
					() (-)						
Repo	rtina O	wners									
	Reporting Owner Name / Address Relation						onships	nships			
	Reporting	Owner Halle / Aud									

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

06/08/2009

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'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