## Edgar Filing: Shine Kenneth Irwin - Form 4

Shine Kennet	h Irwin											
Form 4												
January 05, 2	010											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
	UNITE	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								3235-0287		
Check this			Expires:	January 31,								
if no long	er STAT	EMENT O	F CHANGES IN BENEFICIAL OWNERSHIP OF						2003			
subject to STATEMENT OF CIT				SECURI	ITIES					Estimated average burden hours per		
Form 4 or									response	•		
Form 5	Filed	pursuant to	Section 16	(a) of the	Securiti	ies Ez	kchang	ge Act of 1934,	·			
obligation		17(a) of the	Public Uti	ility Hold	ing Com	pany	Act o	of 1935 or Sectio	n			
may conti <i>See</i> Instru		30(h)	of the Inv	vestment (	Company	y Act	of 19	40				
1(b).	•••••											
(Print or Type R	esponses)											
1. Name and Address of Reporting Person 2. Issuer Name and Ti				Ticker or '	Tradin	a	5. Relationship of	f Reporting Per	son(s) to			
Shine Kenne	Symbol	2. Issuer Name <b>and</b> Ticker or Trading					Issuer					
	UNITEDHEALTH GROUP INC											
	[UNH]					(Check all applicable)						
		<b>AC11</b>						V D'	100			
(Last) (First) (Middle)			3. Date of Earliest Transaction					_X_ Director 10% Owner Officer (give title Other (specify				
C/O UNITE		(Month/Day/Year)				below) below)						
	ATED, 9900		01/04/20	10								
ROAD EAS		DKEN										
KOAD LAS	1											
	(Street)			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
			Filed(Mont	Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person			
		140						_X_ Form filed by M				
MINNEION	JKA, MN 553	343						Person				
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction	Date 2A. Dee	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Y	ear) Executi	on Date, if					Securities	Form: Direct	Indirect		
(Instr. 3)		any	Code Disposed of (D)					Beneficially		Beneficial		
		(Month	Day/Year) (Instr. 8) (Instr. 3, 4 and 5)			5)	Owned	Indirect (I)				
								Following Reported	(Instr. 4)	(Instr. 4)		
						(A)		Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common				Coue V	1,190	(D)						
Stock	01/04/2010			А	(1)	А	\$0	8,953	D			
Stock												

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)	4. Transacti Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna 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					
here and a second second second	Director 10% Owne		Officer Oth			
Shine Kenneth Irwin C/O UNITEDHEALTH GROUP INCORPORATED 9900 BREN ROAD EAST MINNETONKA, MN 55343	Х					
Signatures						
By: Dannette L. Smith, Attorney-in-Fact For: Kenneth M.D.		01/05/2010				

\*\*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).
- (1) Represents deferred stock units that are granted as regular quarterly compensation for service as a director of UnitedHealth Group. Deferred stock units are immediately vested, but must be retained by the director until departure from the Board.

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.

Date