Edgar Filing: UNITEDHEALTH GROUP INC - Form 4

UNITEDHE Form 4 February 05,	ALTH GROUI 2010	P INC									
FORM 4 UNITED STATES SECU									OMB AF	PROVAL	
				ATTIES A			NGE C	COMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or			F CHANGES IN BENEFICIAL OWNERSH SECURITIES						Expires: Estimated a burden hou response		
Form 5 obligation may cont See Instru 1(b).	Filed p ns Section 1 inue.	7(a) of the	Public Ut		ling Con	npany	y Act of	e Act of 1934, f 1935 or Section f0	·	0.5	
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> RENFRO LARRY C			2. Issuer Name and Ticker or Trading Symbol UNITEDHEALTH GROUP INC					5. Relationship of Reporting Person(s) to Issuer			
			[UNH]	JILALI	II OKO		ic	(Check all applicable)			
	(First) EDHEALTH G RATED, 9900 I ST		3. Date of (Month/D 02/03/20	-	ansaction			Director X Officer (give below) EVP & Pres		Owner er (specify kts Grp	
				ndment, Da th/Day/Year	-	1		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
MINNETO	NKA, MN 5534	43						Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any	med n Date, if Day/Year)	3. Transactic Code (Instr. 8) Code V	(Instr. 3,	ispose	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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	02/03/2010			F	8,780	D	\$ 33.32	97,820	D		

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)

(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr.	 Berivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) 	Date	Expiration	Secu (Instr	Amount or Number	(Instr. 5)	Bene Own Follo Repo Trans (Instr
			Code	V (A) (D)	Exercisable	Date		of Shares		
Repo	rting Owners									
	Reporting Owner Name / Add		Relationships							
		D	virector	10% Owner	Officer				Other	
C/O UNI' INCORPO 9900 BRI	D LARRY C TEDHEALTH GROUP ORATED EN ROAD EAST YONKA, MN 55343				EVP & P Grp	res Puble	& Sr	Mkts		
Signa	tures									
-		n-Fact For: Larry	С	02/	05/2010					
Renfro	stopher J. Walsh, Automey-h			02/	03/2010					

Edgar Filing: UNITEDHEALTH GROUP INC - Form 4

4.

Code

5.

of

TransactionNumber

6. Date Exercisable and

Expiration Date

(Month/Day/Year)

7. Title and

Amount of

Underlying

8. Price of

Derivative

Security

9. Nt

Deriv

Secu

3. Transaction Date 3A. Deemed

(Month/Day/Year) Execution Date, if

any

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Explanation of Responses:

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.

1. Title of 2.

Security

Derivative Conversion

or Exercise