## Edgar Filing: Zamoff Mitchell Eliot - Form 4

Zamoff Mitc	hell Eliot											
Form 4												
February 05,	2010											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COM									OMB APPROVAL			
	UNITE	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								3235-0287		
Check the									Expires:	January 31,		
if no long subject to		EMENT O	F CHAN	GES IN	BENEF	ICIA	LOW	NERSHIP OF	200			
Section 16. SECURITIES								Estimated average burden hours per				
Form 4 or							response	0.5				
Form 5	THEU DUISUAIL IN SECTION TO(a) OF THE SECURITIES EXCHANGE ACT OF 1934.											
obligation may cont		17(a) of the	Public U	tility Hold	ling Con	npan	y Act of	f 1935 or Section	1			
See Instru		30(h)	of the In	vestment	Compan	y Ac	t of 194	40				
1(b).												
(Print or Type I	Responses)											
1 Nama and A	ddaese of Domost	:						5 Deletienskin of	Dementine Dem			
Zamoff Mite	ddress of Report	ing Person _		Name and	Ticker or	Tradi	ng	5. Relationship of Reporting Person(s) to Issuer				
			Symbol					155401				
				UNITEDHEALTH GROUP INC				(Check all applicable)				
			[UNH]									
(Last)	(First)	(Middle)	3. Date of	f Earliest Tr	ansaction			Director		Owner		
				(Month/Day/Year)				XOfficer (give titleOther (specify below)				
	DHEALTH C		02/03/2	010				/	d General Cour	isel		
	RATED, 9900	BREN										
ROAD EAS	ST											
	(Street)	Street) 4. If A			If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed			Filed(Mor	nth/Day/Year	)			Applicable Line)				
								_X_ Form filed by C Form filed by M				
MINNETO	NKA, MN 553	343						Person		porting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction l	Date 2A. Deer	med	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Ye	ear) Executio	on Date, if	Transactio				Securities	Form: Direct			
(Instr. 3)		any	Code (Instr. 3, 4 and 5) $(U_{1}, U_{2}, V_{3})$				5)		(D) or	Beneficial		
		(Month/)	Day/Year)	(Instr. 8)				Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
								Reported	(IIIsu: +)	(1130. 4)		
						(A)		Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common	02/02/0010					_	\$	(0,0)(1,(1))	D			
Stock	02/03/2010			F	2,424	D	33.32	69,064 <u>(1)</u>	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)

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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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne 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						
	Director	10% Owner	Officer	Other			
Zamoff Mitchell Eliot C/O UNITEDHEALTH GROUP INCORPORATED 9900 BREN ROAD EAST MINNETONKA, MN 55343			EVP and General Counsel				
Signatures							
By: Christopher J. Walsh, Attorney-in-Fact For: Mitch Zamoff	nell	02/0	5/2010				
**Signature of Reporting Person		D	ate				
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 shares acquired under 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.