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UNITEDHE Form 4 February 17,	ALTH GROUP I 2015	NC									
FORM	14								OMB AF	PROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287		
Check thi if no long subject to Section 1 Form 4 or	GES IN SECUR		Expires: January 31, 2005 Estimated average burden hours per response 0.5								
Form 5 obligation may conti <i>See</i> Instru 1(b).	Filed pura sinue. Section 17(a	a) of the P	ublic Ut		ling Cor	npan	y Act of	e Act of 1934, 1935 or Section 0		0.0	
(Print or Type R	Responses)										
RANGEN ERIC S Symbol				r Name and Ticker or Trading DHEALTH GROUP INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) C/O UNITE GROUP, 99	. , .	(3. Date of (Month/D 02/12/20	-	ansaction			Director X Officer (give below) Sr VP & C			
	(Street)	4. If Amendment, Date Original Filed(Month/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 				
MINNETOP	NKA, MN 55343							Person	ore than one reej	jorting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	sposed	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	02/12/2015			F	436	D	\$ 109.84	27,486.086	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)

Derivative C Security C (Instr. 3)		•	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
Report	ting O	wners		Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
RANGEN ERIC S C/O UNITEDHEALTH GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343			Sr VP & Chief Acctg Officer					
Signatures								
Amy L. Schneider, Attorney-in-Fa Rangen	act for Eri	ic S.	02/17/2015					
<u>**</u> Signature of Reporting Per	son		Date					

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).

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.

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