Edgar Filing: UNITEDHEALTH GROUP INC - Form 4

UNITEDHE Form 4 February 17	EALTH GROUP I	NC										
FORN Check th if no lon	A 4 UNITED	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number: Expires:	PROVAL 3235-0287 January 31, 2005		
subject t Section Form 4 o Form 5 obligatio may con <i>See</i> Insta 1(b).	16. or Filed pur ons tinue. ruction	SECURITIES 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 20(b) of the Investment Company Act of 1940								Estimated average burden hours per response 0.5		
WICHMANN DAVID S Sy				r Name an DHEAL			-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) C/O UNITEDHEALTH GROUP, 9900 BREN ROAD EAST			3. Date of Earliest Transaction (Month/Day/Year) 02/12/2015					Director 10% Owner X Officer (give title Other (specify below) below) President & CFO				
				f Amendment, Date Original d(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 Person				
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secu	rities Acqu	uired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	tle of 2. Transaction Date 2A. Deemed urity (Month/Day/Year) Execution Date, i		n Date, if	3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	02/12/2015			Code V F	Amount 1,962	(D) D	Price \$ 109.84	(Instr. 3 and 4) 512,382.321	D			
Common Stock								225.3987	Ι	by 401(k)		

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.

Edgar Filing: UNITEDHEALTH GROUP INC - Form 4

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transact Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu: Bene Own Follo Repo Trans (Insti
			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				
WICHMANN DAVID S								
C/O UNITEDHEALTH GROUP			President					
9900 BREN ROAD EAST			& CFO					
MINNETONKA, MN 55343								
Signatures								
Amy L. Schneider, Attorney-in-Fac Wichmann	02/17/2015							

**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).

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