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UNITEDHE	EALTH GROUP I	NC									
Form 4											
February 10									OMB AF	PROVAL	
FORM	UNITED	STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check th if no lon subject t Section Form 4 of Form 5 obligation may con <i>See</i> Instr 1(b).	ger o 16. or Filed pur ons tinue.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF 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							January 31Expires:2005Estimated averageburden hours perresponse0.5		
(Print or Type	Responses)										
WILSON D ELLEN Syn UN				2. Issuer Name and Ticker or Trading Symbol UNITEDHEALTH GROUP INC [UNH]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	(First) (1 EDHEALTH 900 BREN ROAD	Middle) DEAST	3. Date of (Month/E 02/08/2	-	ransaction			Director X Officer (give below) EVP I		Owner r (specify	
MINNETO	(Street)		Filed(Month/Day/Year) Appli _X_1			Applicable Line) _X_ Form filed by O	r Joint/Group Filing(Check by One Reporting Person y More than One Reporting				
	NKA, MN 55343							Person		. C	
(City)		(Zip)		e I - Non-I	Derivative	Secu	rities Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		n Date, if	3. Transactio Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	02/08/2017			Code V A	Amount 4,679	or (D) A	Price \$ 0	Transaction(s) (Instr. 3 and 4) 55,897.129	D		
Common Stock	02/09/2017			F	464	D	\$ 160.44	55,433.129 (2)	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration D (Month/Day,	ate	7. Title and Amour Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Non-Qualified Stock Options (right to buy)	\$ 160.31	02/08/2016		А	26,137	(3)	02/08/2027	Common Stock	26,1

Reporting Owners

Reporting Owner Name / Address	Relationships						
i o	Director	10% Owner	Officer	Other			
WILSON D ELLEN C/O UNITEDHEALTH GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343			EVP Human Capital				
Signatures							
Amy L. Schneider, Attorney-in-Fa Wilson	act for D.	Ellen	02/10/2017				

<u>**</u>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) The restricted stock units will vest at a rate of 25% annually on February 8 from the years 2018 through 2021.

Amount does not include Performance Share Awards granted to the executive officer on February 8, 2017, as performance awards not tied to stock price are not derivative securities for purposes of Section 16 under guidance from the staff of the SEC. The number of
 (2) Performance Shares that the executive officer will receive will be determined at the end of the 3-year performance period and will be dependent upon the achievement of cumulative 3-year EPS and average return-on-equity performance metrics approved by the

Date

Compensation and Human Resources Committee. The target number of Performance Shares is 9,357.

(3) The stock options vest at a rate of 25% annually on February 8 from the years 2018 through 2021.

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.