Edgar Filing: JOHNSON JAMES A /DC/ - Form 4

JOHNSON	JAMES A /DC/									
Form 4										
May 04, 20	05									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL		
	UNITED	STATES		RITIES A			E COMMISSION	OMB Number:	3235-0287	
Check t					Expires:	January 31				
if no longer subject to Section 16. Form 4 or			F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES				Expires. 20 Estimated average burden hours per response 0			
Form 5 obligati may con <i>See</i> Inst 1(b).	ons ntinue. Section 17	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, ection 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940						n		
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> JOHNSON JAMES A /DC/			2. Issuer Name and Ticker or Trading Symbol UNITEDHEALTH GROUP INC			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
			[UNH]							
	(First) (EDHEALTH GR RATED, 9900 BI			of Earliest T Day/Year) 2005	ransaction		X Director Officer (give below)		% Owner her (specify	
ROAD EA										
(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				
MINNETC	ONKA, MN 55343	3					Form filed by M Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	Acquired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deem Execution any (Month/Date)(Instr. 3)any (Month/Date)		Date, if TransactionAcquired (A) or Code Disposed of (D) ay/Year) (Instr. 8) (Instr. 3, 4 and 5) (A)			Securities I Beneficially (Owned (6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount	(D) Price	(msu. 5 and 4)			
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities benef	ficially own	ned 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)

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 Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amoun or Numbe of Shares
Non-Qualified Stock Option (right to buy)	\$ 96.71	05/03/2005		А	550	05/03/2005	05/03/2015	Common Stock	550

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Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
JOHNSON JAMES A /DC/ C/O UNITEDHEALTH GROUP INCORPORATE 9900 BREN ROAD EAST MINNETONKA, MN 55343	d _X							
Signatures								
By: David J. Lubben For: James A.								
Johnson 05	5/04/2005							
<u>**</u> Signature of Reporting Person	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.