UNITEDHEALTH GROUP INC

Form 4

January 26, 2015

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

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 30(h) of the Investment Company Act of 1940

See Instruction 1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person * WILENSKY GAIL R

2. Issuer Name and Ticker or Trading

Symbol

UNITEDHEALTH GROUP INC [UNH]

(Middle) 3. Date of Earliest Transaction

(Month/Day/Year) 01/22/2015

5. Relationship of Reporting Person(s) to

Issuer

below)

(Check all applicable)

10% Owner

Other (specify

OMB APPROVAL

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

C/O UNITEDHEALTH GROUP, 9900 BREN ROAD EAST

(First)

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

_X__ Director

Officer (give title

X Form filed by One Reporting Person Form filed by More than One Reporting

MINNETONKA, MN 55343

(City)	(State)	(Zip) Tab	le I - Non-	Derivative	Secur	ities Acqui	red, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securit or Dispos (Instr. 3,	ed of		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	01/22/2015		Code V M	Amount 10,000	(D)	Price \$ 47.915	61,937	D	
Common Stock	01/22/2015		M	420	A	\$ 48.355	62,357	D	
Common Stock	01/22/2015		M	10,000	A	\$ 52.81	72,357	D	
Common Stock	01/22/2015		M	430	A	\$ 53.03	72,787	D	
Common Stock	01/22/2015		S	20,850	D	\$ 109.75	51,937	D	

Edgar Filing: UNITEDHEALTH GROUP INC - Form 4

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.

SEC 1474

(9-02)

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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou Underlying Securi (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Nun of S
Non-qualified stock option (right to buy)	\$ 47.915	01/22/2015		M	10,000	04/01/2005	04/01/2015	Common Stock	10,
Non-qualified stock option (right to buy)	\$ 48.355	01/22/2015		M	420	05/03/2005	05/03/2015	Common Stock	4
Non-qualified stock option (right to buy)	\$ 52.81	01/22/2015		M	10,000	07/01/2005	07/01/2015	Common Stock	10,
Non-qualified stock option (right to buy)	\$ 53.03	01/22/2015		M	430	08/02/2005	08/02/2015	Common Stock	4

Reporting Owners

Reporting Owner Name / Address	Relationships					
Transfer de la companya de la compan	Director	10% Owner	Officer	Other		
WILENSKY GAIL R C/O UNITEDHEALTH GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343	X					

Signatures

Amy L. Schneider, Attorney-in-Fact for Gail R. Wilensky 01/26/2015

**Signature of Reporting Person Date

Reporting Owners 2

Edgar Filing: UNITEDHEALTH GROUP INC - Form 4

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.