#### UNITEDHEALTH GROUP INC

Form 4 April 03, 2015

## FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

0.5

January 31, Expires: 2005

**OMB APPROVAL** 

Estimated average

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if no longer subject to Section 16. Form 4 or

Check this box

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

may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

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obligations

(Print or Type Responses)

1. Name and Address of Reporting Person \*

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

below)

LAWSON RODGER A

Symbol UNITEDHEALTH GROUP INC

(Check all applicable)

[UNH]

(Last)

(City)

1. Title of

Security

(Instr. 3)

Common

Stock

(First) (Middle) 3. Date of Earliest Transaction

X\_ Director Officer (give title

10% Owner Other (specify

C/O UNITEDHEALTH

GROUP, 9900 BREN ROAD EAST (Street)

(State)

4. If Amendment, Date Original

A

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year)

(Month/Day/Year)

04/01/2015

Applicable Line) \_X\_ Form filed by One Reporting Person

Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

MINNETONKA, MN 55343

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

(Zip)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially (D) or Owned Following (Instr. 4)

6. Ownership 7. Nature of Form: Direct Indirect Beneficial Ownership Indirect (I)

(Instr. 4)

(A)

Reported Transaction(s)

or (Instr. 3 and 4)

Code V Amount (D) Price

04/01/2015

320 (1) A \$0 23,720 D

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

(Month/Day/Year)

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

#### Edgar Filing: UNITEDHEALTH GROUP INC - Form 4

| 1. Title of | 2.          | 3. Transaction Date | 3A. Deemed         | 4.                | 5.                     | 5. 6. Date Exercisable and |       | 7. Title and       |       | 8. Price of | 9. Nu  |
|-------------|-------------|---------------------|--------------------|-------------------|------------------------|----------------------------|-------|--------------------|-------|-------------|--------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | TransactionNumber |                        | Expiration D               | ate   | Amount             | of    | Derivative  | Deriv  |
| Security    | or Exercise |                     | any                | Code              | of                     | (Month/Day                 | Year) | Underlyi           | ing   | Security    | Secui  |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8)        | Derivative             |                            |       | Securities         |       | (Instr. 5)  | Bene   |
|             | Derivative  |                     |                    |                   | Securities<br>Acquired |                            |       | (Instr. 3 and 4)   |       |             | Own    |
|             | Security    |                     |                    |                   |                        |                            |       |                    |       | Follo       |        |
|             |             |                     |                    |                   | (A) or                 |                            |       |                    |       |             | Repo   |
|             |             |                     |                    |                   | Disposed               |                            |       |                    |       |             | Trans  |
|             |             |                     |                    |                   | of (D)                 |                            |       |                    |       |             | (Instr |
|             |             |                     |                    |                   | (Instr. 3,             |                            |       |                    |       |             |        |
|             |             |                     |                    |                   | 4, and 5)              |                            |       |                    |       |             |        |
|             |             |                     |                    |                   |                        |                            |       | ٨                  | mount |             |        |
|             |             |                     |                    |                   |                        |                            |       |                    |       |             |        |
|             |             |                     |                    |                   |                        | Date Expiration            |       | or<br>Title Number |       |             |        |
|             |             |                     |                    |                   |                        | Exercisable                | Date  | of                 |       |             |        |
|             |             |                     |                    | Code V            | (A) (D)                |                            |       |                    | hares |             |        |

# **Reporting Owners**

Relationships Reporting Owner Name / Address Director 10% Owner Officer Other LAWSON RODGER A X

C/O UNITEDHEALTH GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343

# **Signatures**

Amy L. Schneider, Attorney-in-Fact for Rodger A. Lawson

04/03/2015

\*\*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).
- Represents deferred stock units that are granted as regular quarterly compensation for service as a director of UnitedHealth Group. Deferred stock units are immediately vested, but must be retained by the director until the director's completion of service on the Board.

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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