## Edgar Filing: UNITEDHEALTH GROUP INC - Form 4

UNITEDHEALTH GROUP I Form 4 October 03, 2006	INC					
FORM 4 UNITED					PPROVAL	
UNITED		RITIES AND EXCHANGE ashington, D.C. 20549	COMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,					Expires:January 3200Estimated averageburden hours perresponse0.	
abligations Flict put	(a) of the Public U	Jtility Holding Company Act nvestment Company Act of 1	of 1935 or Sectio	n		
(Print or Type Responses)						
SHALALA DONNA E Sy		EDHEALTH GROUP INC	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (I C/O UNITEDHEALTH GRO INCORPORATED, 9900 BR ROAD EAST	(Month/ OUP 10/02/	of Earliest Transaction /Day/Year) 2006	X Director Officer (give below)		% Owner her (specify	
(Street)		Filed(Month/Day/Year) A		<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>		
MINNETONKA, MN 55343	;		Form filed by M Person	Nore than One R	eporting	
(City) (State)	(Zip) Ta	ble I - Non-Derivative Securities A	cquired, Disposed of	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price	SecuritiesFBeneficially(Owned(	5. Ownership Form: Direct D) or Indirect I) Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Report on a separate line	e for each class of sec	curities beneficially owned directly o	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 on f 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 Amour Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Share
Non-Qualified Stock Option (right to buy)	\$ 49.43	10/02/2006		А	5,000	10/02/2006	10/02/2016	Common Stock	5,0
Benarting Owners									

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## **Reporting Owners**

Reporting Owner Name / Address		Relationships				
	]	Director	10% Owner	Officer	Other	
SHALALA DONNA E C/O UNITEDHEALTH GROUP INCORPORA 9900 BREN ROAD EAST MINNETONKA, MN 55343	ATED	Х				
Signatures						
By: David J. Lubben For: Donna E. Shalala	10/03/2	2006				
**Signature of Reporting Person	Dat	e				

## **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.