Edgar Filing: LAWSON RODGER A - Form 4

LAWSON RC Form 4 March 22, 201											
FORM	Δ									PPROVAL	
Washington, D.C. 20549							OMB Number:	3235-0287			
Check this if no longer									Expires:	January 31,	
subject to STATEMENT OF CHANGE				GES IN I SECUR		CIA	LOW	NERSHIP OF	Estimated a		
Section 16. Form 4 or				SECUR	IIIE5				burden hou response	•	
Form 5	Filed p	oursuant to S	Section 16	b(a) of the	e Securiti	es Ex	cchang	ge Act of 1934,	16300136	0.5	
obligations may contin	Section 1							f 1935 or Sectio	n		
See Instruc 1(b).		30(h)	of the Inv	vestment	Company	y Act	of 194	40			
(Print or Type Re	sponses)										
1. Name and Address of Reporting Person * 2. Issuer LAWSON RODGER A Symbol UNITED [UNH]			Name and				5. Relationship of Reporting Person(s) to Issuer				
				DHEALT	H GROU	JP IN	C	(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			_X_Director		o Owner	
C/O UNITEDHEALTH GROUP, 9900 BREN ROAD EAST			(Month/Day/Year) 03/21/2011					Officer (give below)	title Other (specify below)		
	(Street)		4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
Filed(Mont				th/Day/Year)	-			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
MINNETON	KA, MN 553	43						Person		porting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecuri	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security	2. Transaction I (Month/Day/Ye			3. Transactio	4. Securi onAcquired		r		6. Ownership Form: Direct		
(Instr. 3)		any		Code	Disposed	of (D)	Beneficially	(D) or	Beneficial	
		(Month/	/Day/Year)	(Instr. 8) (Instr. 3, 4 and 5) (A)			5)		Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
				Code V	Amount	or (D)	Drice	(Instr. 3 and 4)			
Common Stock	03/21/2011			A A	19 <u>(1)</u>	(D) A	Price \$ 0	6,269	D		

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other LAWSON RODGER A C/O UNITEDHEALTH GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343 Signatures Christopher J. Walsh, Attorney-in-Fact for Rodger A.

Christopher J. Walsh, Attorney-in-Fact for Rodger A. Lawson

**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).

Relationships

(1) Represents dividend equivalents paid on outstanding deferred stock units.

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.

03/22/2011

Date