WICHMANN DAVID S

Form 4

October 31, 2011

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB 3235

Number: 3235-0287

OMB APPROVAL

Expires: January 31, 2005

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Estimated average burden hours per response...

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

obligations

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.

See Instruction

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person ** WICHMANN DAVID S

2. Issuer Name and Ticker or Trading

Symbol

UNITEDHEALTH GROUP INC

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

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

(Month/Day/Year) 10/28/2011 ____ Director ____ 10% Owner __X__ Officer (give title ____ Other (specify below)

C/O UNITEDHEALTH GROUP, 9900 BREN ROAD EAST

(Street)

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

EVP & CFO, Pres UHG Operations

Applicable Line)

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

Person

MINNETONKA, MN 55343

(City)	(State)	(Zip) Ta	ble I - Non	-Derivative	Secur	ities Acquir	ed, Disposed of, o	or Beneficially	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. Securities on Disposed of (Instr. 3, 4)	f(D)	uired (A) or	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	10/28/2011		M	300,000	A	\$ 18.2375	518,786.604	D	
Common Stock	10/28/2011		S	300,000	D	\$ 48.8784 <u>(1)</u>	218,786.604	D	
Common Stock							217.5299	I	by 401(k)

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 (9-02)

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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)	Secu Acqu Disp	umber of vative rities uired (A) or osed of (D) r. 3, 4, and	6. Date Exerc Expiration D (Month/Day/	ate	7. Title and A Underlying S (Instr. 3 and	Securi
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amo Nun Shai
Non-qualified stock option (right to buy)	\$ 18.2375	10/28/2011		M		300,000	(2)	01/07/2012	Common Stock	300

Reporting Owners

	Relationships
Reporting Owner Name / Address	· · · · · · · · · · · · · · · · · · ·

Director 10% Owner Officer Other

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

EVP & CFO, Pres UHG Operations

Signatures

Dannette L. Smith, Attorney-in-Fact for David S.
Wichmann

10/31/2011

**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).
- This transaction was executed in multiple trades ranging from \$48.75 to \$49.19 per share. The price reported above reflects the weighted (1) average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer, or a security holder of the issuer full information regarding the number of shares and prices at which the transactions were effected.
- (2) The stock options vested at a rate of 25% annually on January 7 from the years 2003 through 2006.

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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