## Edgar Filing: HEMSLEY STEPHEN J - Form 4

HEMSLEY Form 4	STEPHEN J											
September	25, 2012											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
	UNITED	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								3235-0287		
Check t if no lor subject Section Form 4	to <b>STATEN</b> 16.	AENT OI	F CHANGES IN BENEFICIAL OWNERSHI SECURITIES						Expires: Estimated a burden hour response	•		
Form 5 obligati may con <i>See</i> Inst 1(b).	ons ntinue. Section 17(	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										
(Print or Type	Responses)											
1. Name and Address of Reporting Person <u>*</u> HEMSLEY STEPHEN J			2. Issuer Name <b>and</b> Ticker or Trading Symbol UNITEDHEALTH GROUP INC					5. Relationship of Reporting Person(s) to Issuer				
		[UNH]					(Check all applicable)					
(Last) (First) (Middle) C/O UNITEDHEALTH			3. Date of Earliest Transaction (Month/Day/Year) 09/21/2012					_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) President & Chief Exec Officer				
GROUP, 9	900 BREN ROAI	D EAST						i resident æ				
	4. If Amendment, Date Original Filed(Month/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>						
MINNETO	ONKA, MN 55343							Form filed by Mo Person				
(City)	(State)	(Zip)	Tał	ole I - Non-	Derivative S	Securi	ties Ac	quired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Da any (Month/Day/Y		Date, if	Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(D)	Price		(Instr. 4)			
Common Stock	09/21/2012			А	469.937 (1)	А	\$0	2,736,354.6553 (2)	D			
Common Stock								292.5437	Ι	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 required to respond unless the form displays a currently valid OMB control number.

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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. Transacti Code (Instr. 8)	5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Amou Unde Secur	le and unt of rlying rities : 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
HEMSLEY STEPHEN J C/O UNITEDHEALTH GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343	х		President & Chief Exec Officer				
Signatures							
Dannette L. Smith, Attorney-in-Fact Hemsley	09/25/2012						
<u>**</u> Signature of Reporting Per		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).
- (1) Represents payment of dividend equivalents on outstanding restricted stock units. The dividend equivalents are subject to the same terms as the underlying restricted stock units and are forfeited if the related award does not vest.
- (2) Includes shares received through UnitedHealth Group Incorporated's Employee Stock Purchase Plan.

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.