Edgar Filing: Bueno Edson de Godoy - Form 4

Bueno Edson Form 4	de Godoy								
December 27.	, 2012								
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							PPROVAL 3235-0287		
if no longe subject to Section 16 Form 4 or Form 5 obligation may contin	f no longer ubject to Section 16. Form 4 or Sorm 5 biligations nay continue. <i>iee</i> Instruction STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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						irs per		
(Print or Type R	esponses)								
1. Name and Ac Bueno Edsor	ddress of Reporting Po 1 de Godoy	Symbol	UNITEDHEALTH GROUP INC			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) C/O UNITEI GROUP, 990	· · · · · ·	(Month/D 12/21/20	3. Date of Earliest Transaction (Month/Day/Year) 12/21/2012			X_ Director10% Owner Officer (give titleOther (specify below) below)			
			ndment, Date Original th/Day/Year)	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 					
(City)	(State) (Z	Zip) Table	e I - Non-Derivative S	Securities Ac	quired, Disposed o	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if any	 3. 4. Securi TransactionAcquired Code Disposed (Instr. 8) (Instr. 3, Code V Amount 	(A) or d of (D) 4 and 5) (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					8,416,905	Ι	By Wholly Owned Affiliate (1)		
Reminder: Repo	ort on a separate line for	or each class of secu		ns who resp	indirectly. oond to the collect ined in this form		SEC 1474 (9-02)		

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 of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5))		7. Title and Amou Underlying Secur (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Am Nui Sha
Non-Qualified Stock Option (right to buy)	\$ 55.03	12/21/2012		А	228,800	(2)	12/21/2022	Common Stock	22

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Reporting Owners

Reporting Owner Name / Address		Relationsh				
	Director	10% Owner	Officer	Other		
Bueno Edson de Godoy C/O UNITEDHEALTH GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343	Х					
Signatures						
Dannette L. Smith, Attorney-in-Fa Bueno	12/27/2012					
<u>**</u> Signature of Reporti		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).
- The reported shares are owned by CSHG 1122 FUNDO DE INVESTIMENTO MULTIMERCADO CREDITO PRIVADO
 (1) INVESTIMENTO NO EXTERIOR, which is a wholly owned affiliate of the reporting person. These shares are restricted and have not been registered under the Securiteis Act of 1933, as amended.
- (2) The stock options vests at a rate of 25% annually on December 21 from the years 2013 through 2016.

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.