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UNITEDHEALTH GROUP Form 4 January 06, 2014	PINC								
Check this box if no longer subject to Section 16. Form 4 or Form 5 chligations	D STATES SECU Wa MENT OF CHAI ursuant to Section 7(a) of the Public U 30(h) of the I	ISHINGES IN I SECUR 16(a) of the Utility Hold	D.C. 205 BENEFI ITIES e Securiti ling Com	5 49 CIAI es Ex pany	L OW tchang Act o	NERSHIP OF ge Act of 1934, f 1935 or Sectio	OMB Number: Expires: Estimated a burden hou response	irs per	
(Print or Type Responses)									
1. Name and Address of Reportin WILENSKY GAIL R	Symbol UNITE	2. Issuer Name and Ticker or Trading Symbol UNITEDHEALTH GROUP INC [UNH]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) C/O UNITEDHEALTH GROUP, 9900 BREN ROA	(Month/ 01/02/2	8. Date of Earliest Transaction Month/Day/Year))1/02/2014				X_Director10% Owner Officer (give titleOther (specify below)below)			
Filed(Month/Day/Year) Applicable Line) _X_Form filed by						int/Group Filing(Check Dne Reporting Person Iore than One Reporting			
MINNETONKA, MN 5534						Person			
(City) (State)	(Zip) Tak	ole I - Non-D	erivative S	ecuri	ties Ac	quired, Disposed of	f, or Beneficia	lly Owned	
	ate 2A. Deemed ar) Execution Date, it any (Month/Day/Year	Code	4. Securit onAcquired Disposed (Instr. 3, Amount	(A) o of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock 01/02/2014		А	503 <u>(1)</u>	А	\$0	49,932	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)

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 Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Under Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner Offic		Other				
WILENSKY GAIL R C/O UNITEDHEALTH GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343	Х							
Signatures								
Amy L. Schneider, Attorney-in-Fa Wilensky		01/06/2014						
**Signature of Reporting P	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 deferred stock units that are granted as regular quarterly compensation for service as a director of UnitedHealth Group. Deferred stock units are immediately vested, but must be retained by the director until the director's completion of service on the Board.

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.