UNITEDHEALTH GROUP INC

Form 4

February 19, 2014

FORM 4

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

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OMB APPROVAL

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940

See Instruction 1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person *

WILENSKY GAIL R

2. Issuer Name and Ticker or Trading

Symbol

UNITEDHEALTH GROUP INC [UNH]

(Check all applicable)

5. Relationship of Reporting Person(s) to

Officer (give title

Issuer

below)

_X__ Director 10% Owner

Other (specify

3. Date of Earliest Transaction (Month/Day/Year)

02/18/2014

C/O UNITEDHEALTH GROUP, 9900 BREN ROAD EAST

(First)

(Street) 4. If Amendment, Date Original

(Middle)

Filed(Month/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

MINNETONKA, MN 55343

(City)	(State)	(Zip) Tak	ole I - Non-	Derivative	Secu	rities Acquir	ed, Disposed of,	or Beneficiall	y 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. Securit ord Dispos (Instr. 3,	ed of		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	02/18/2014		M	10,000	A	\$ 30.9	59,932	D	
Common Stock	02/18/2014		M	580	A	\$ 31.155	60,512	D	
Common Stock	02/18/2014		M	10,000	A	\$ 36.88	70,512	D	
Common Stock	02/18/2014		M	520	A	\$ 38.875	71,032	D	
Common Stock	02/18/2014		S	21,100	D	\$ 74.0277	49,932	D	

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(1)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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(9-02)

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)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou Underlying Securi (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Nun of S
Non-qualified stock option (right to buy)	\$ 30.9	02/18/2014		M	10,000	07/01/2004	07/01/2014	Common Stock	10,
Non-qualified stock option (right to buy)	\$ 31.155	02/18/2014		M	580	08/03/2004	08/03/2014	Common Stock	5
Non-qualified stock option (right to buy)	\$ 36.88	02/18/2014		M	10,000	10/01/2004	10/01/2014	Common Stock	10,
Non-qualified stock option (right to buy)	\$ 38.875	02/18/2014		M	520	11/04/2004	11/04/2014	Common Stock	5

Reporting Owners

Reporting Owner Name / Address	Relationships					
Reporting 6 wher runner runners	Director	10% Owner	Officer	Other		
WILENSKY GAIL R C/O UNITEDHEALTH GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343	X					

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Signatures

Amy L. Schneider, Attorney-in-Fact for Gail R. Wilensky

02/19/2014

**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 \$73.98 to \$74.07 per share. The price reported above reflects the weighted 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 sales were effected.

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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