STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

#### HEMSLEY STEPHEN J

Form 4

December 18, 2017

### FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB APPROVAL** 

OMB 3235-0287 Number:

January 31, Expires: 2005

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

obligations

may continue.

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

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * HEMSLEY STEPHEN J			2. Issuer Name <b>and</b> Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer		
			UNITEDHEALTH GROUP INC [UNH]	(Check all applicable)		
(Last)  C/O UNITE GROUP, 99		(Middle) OAD EAST	3. Date of Earliest Transaction (Month/Day/Year) 12/14/2017	_X Director 10% Owner Specify Other (specify below) Executive Chair of the Board		
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line)		

#### MINNETONKA, MN 55343

(State)

(Zip)

(City)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned
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	Tuble 1 1100 Best tube of Benefit and Supposed 61, 61 Benefit and 6 Whole								
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2. Transaction Date 2A. Deemed Execution Date, if any (Month/Day/Year)		4. Securities Acquired (A) tionor Disposed of (D) (Instr. 3, 4 and 5)  (A) or V Amount (D) Price			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)
Commo Stock	on 12/14/2017		F	797.202 (1)	D	\$ 221.25	1,565,342.322	D	
Commo Stock	on						310.1942	I	by 401(k)
Commo Stock	on						464,482	I	by GRAT1
Commo Stock	on						296,943	I	by GRAT2
Commo Stock	on						281,028	I	by GRAT3

Common Stock 630,000 I by GRAT4

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.

SEC 1474

(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	Execution Date, if	4. Transactio		6. Date Exerc Expiration D	ate	7. Title	nt of	8. Price of Derivative	9. Nu Deriv
Security	or Exercise		any (Month/Day/Voor)	Code	of Dorivotive	(Month/Day/	r ear)	Underl	, ,	Security (Instr. 5)	Secui
(Instr. 3)	Price of Derivative		(Month/Day/Year)	(Instr. 8)	Derivative Securities			Securit	and 4)	(Instr. 5)	Bene
	Security				Acquired			(mstr.	3 and 4)		Owne Follo
	Security				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						D.	г		or		
						Date Exercisable	Expiration Date	Title	Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
HEMSLEY STEPHEN J C/O UNITEDHEALTH GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343	X		Executive Chair of the Board				

# **Signatures**

Dannette L. Smith, Attorney-in-Fact for: Stephen J. Hemsley 12/18/2017

\*\*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).
- (1) Represents the cancellation of shares for the payment of a FICA tax liability.

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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