Edgar Filing: HOOPER MICHELE J - Form 4

	AICHELE J										
Form 4 September	17 2018										
FORM	ЛЛ								OMB AF	PROVAL	
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287	
Check t if no lor subject Section Form 4	nger STATEN to STATEN 16. or	MENT O		SECUI	Expires:January 31, 2005Estimated averageburden hours per response0.5						
Form 5 obligations may continue. See Instruction 1(b). 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> HOOPER MICHELE J			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) (Middle) C/O UNITEDHEALTH GROUP, 9900 BREN ROAD EAST			3. Date of Earliest Transaction(Month/Day/Year)09/13/2018					X Director Officer (give t below)	Officer (give title Other (specify		
				Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
MINNETC	ONKA, MN 55343	3						Form filed by Mo Person	ore than One Rej	porting	
(City)	(State)	(Zip)	Tał	ole I - Non-	Derivativ	e Seci	urities Acq	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	Date, if Transaction Disposed of (D) Code (Instr. 3, 4 and 5) y/Year) (Instr. 8) (A)			(D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	09/13/2018			М	5,000	А	\$ 25.16	37,865	D		
Common Stock	09/13/2018			S	5,000	D	\$ 264.861 (1)	7 32,865	D		

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

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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. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun Underlying Securiti (Instr. 3 and 4)		
				Code V	(A) ((D)	Date Exercisable	Expiration Date	Title	Amou or Numt of Share
Non-qualified stock options (right to buy)	\$ 25.16	09/13/2018		М	5,	,000	07/01/2009	07/01/2019	Common Stock	5,00

Reporting Owners

Reporting Owner Name / Address		Relationsh					
	Director	10% Owner	Officer	Other			
HOOPER MICHELE J C/O UNITEDHEALTH GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343	Х						
Signatures							
Dannette L. Smith, Attorney-in-Fa Hooper	chele J.		09/14/2018				
**Signature of Reporting I			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 \$264.84 to \$264.905 per share. The price reported above reflects the
- (1) 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.