### Edgar Filing: BOUDREAUX GAIL - Form 4

BOUDREA Form 4	UX GAIL										
February 10	, 2012										
FORM	14						NGE			PPROVAL	
	UNITED	STATES		RITIES A shington,			NGE (	COMMISSION	OMB Number:	3235-0287	
Check this box if no longer									Expires:	January 31, 2005	
subject t Section Form 4 c Form 5 obligatio may con <i>See</i> Instr	TENT OF rsuant to S (a) of the I 30(h)	Section 1 Public U	<b>SECUR</b> 6(a) of th	Estimated average burden hours per response 0.5							
1(b).											
(Print or Type)	Responses)										
BOUDREAUX GAIL Symi UNI			Symbol	r Name <b>and</b> DHEALT			-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (	(First) (Middle) 3. Date of Earliest Transaction Director					10% Owner				
	EDHEALTH 900 BREN ROAI	) EAST	(Month/I 02/09/2	Day/Year) 012				X Officer (give below) EVP & CE	title Oth below) O, UnitedHeal	er (specify thcare	
MINNETO	(Street) NKA, MN 55343	3		endment, Da nth/Day/Year	-	al		6. Individual or Jo Applicable Line) _X_ Form filed by 0 Form filed by M	One Reporting Pe	erson	
(City)	(State)	, (Zip)				a		Person			
	(State)	(Zip)	Tab					uired, Disposed of	, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactic Code (Instr. 8) Code V	(Instr. 3,	ispose	d 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	02/09/2012			F	7,709	D	\$ 53.06	309,688.327	D		
Common Stock	02/09/2012			F	3,235	D	\$ 53.06	306,453.327	D		
Common Stock								12,229	Ι	by Insurance Trust	
Common Stock								2,771	Ι	by 2011-M Annuity Trust	

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title an	d 8. Price of	f 9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amount o	f Derivative	e Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underlyin	g Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securities	(Instr. 5)	Bene
	Derivative				Securities	5		(Instr. 3 au	nd 4)	Owne
	Security				Acquired					Follo
					(A) or					Repo
					Disposed					Trans
					of (D)					(Instr
					(Instr. 3,					
					4, and 5)					
								Δm	nount	
								or	lount	
							Expiration Date		mber	
								of		
				Code V	(A) (D)			Sha	ares	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
BOUDREAUX GAIL C/O UNITEDHEALTH GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343			EVP & CEO, UnitedHealthcare					
Signatures								
Dannette L. Smith, Attorney-in-Fact Boudreaux		02/10/2012						
**Signature of Reporting Pers	on		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).

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.