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UNITEDHEALTH GROUP Form 4 March 26, 2014	INC								
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								PPROVAL 3235-0287	
Check this box if no longer subject to Section 16. Statement of changes in Beneficial ownership of Section 16. Statement of changes in Beneficial ownership of Statement of changes in Beneficial ownership of Section 16. Statement of changes in Beneficial ownership of Statement of changes in Beneficial ownership of Section 16. Statement of changes in Beneficial ownership of Statement of changes in Beneficial ownership of Section 16. Statement of changes in Beneficial ownership owner								irs per	
(Print or Type Responses)									
1. Name and Address of Reporting HOOPER MICHELE J	er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) C/O UNITEDHEALTH GROUP, 9900 BREN ROA	(Month/D 03/25/2	3. Date of Earliest Transaction (Month/Day/Year) 03/25/2014				X Director Officer (give below)		6 Owner er (specify	
(Street)	Filed(Mor	4. If Amendment, Date Original Filed(Month/Day/Year)			Applicable Line) _X_ Form filed by	 D. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
MINNETONKA, MN 5534	-3					Person		porting	
(City) (State)	(State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
	ate 2A. Deemed ir) Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8) Code V	Disposed (Instr. 3,	(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 03/25/2014 Stock		Α	55 <u>(1)</u>	A	\$0	25,517	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)			ate	Amou Unde Secur	le and unt of rlying tities (1, 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
Repo	rting O	wners		Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
HOOPER MICHELE J C/O UNITEDHEALTH GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343	Х							
Signatures								
Amy L. Schneider, Attorney-in-Fa Hooper	03/26/2014							
**Signature of Reporting F		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).
- Represents dividend equivalents paid on vested deferred stock units. The dividend equivalents are immediately vested but must be (1) 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.