## Edgar Filing: UNITEDHEALTH GROUP INC - Form 4

| UNITEDHEALT<br>Form 4<br>July 05, 2016  | TH GROUP IN  | ïC  |                |         |  |   |          |  |  |          |  |
|---|--|---|----------------|---------|--|---|----------|--|--|----------|--|
| FORM 4  | UNITED S   | ECURITIES AND EXCHANGE COMMISSION<br>Washington, D.C. 20549 |                |         |  |   |          |  | PROVAL<br>3235-0287  |          |  |
| if no longer<br>subject to<br>Section 16.<br>Form 4 or<br>Form 5<br>obligations<br>may continue.  | Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or<br>Form 5<br>obligations<br>may continue.<br>See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section<br>30(h) of the Investment Company Act of 1940 Section 1940 Section 1940 Section 1940 |   |                |         |  |   |          |  |  |          |  |
| (Print or Type Respo  | onses)   |   |                |         |  |   |          |  |  |          |  |
| 1. Name and Addres<br>DARRETTA RO   | 2. Issuer Name <b>and</b> Ticker or Trading<br>ymbol<br>JNITEDHEALTH GROUP INC<br>UNH]   |   |                |         |  | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)   |          |  |  |          |  |
| (Last)(First)(Middle)3. Date of<br>(Month/Date)C/O UNITEDHEALTH07/01/20GROUP, 9900 BREN ROAD EAST |  |   |                | Year)   | ansaction  |   |          | X_ Director10% Owner<br>Officer (give titleOther (specify<br>below) below) |  |          |  |
|   | (Street) 4. If Amendment, Date Original<br>Filed(Month/Day/Year)   |   |                |         |  | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul> |          |  |  |          |  |
| MINNETONKA  |  |   |                |         |  |   |          | Person   |  | 1 0      |  |
| (City) (  | (State) (Z   | Cip)  | Table I -      | - Non-D | erivative S  | ecurit  | ties Aco | quired, Disposed of  | f, or Beneficial   | ly Owned |  |
|   | Transaction Date<br>fonth/Day/Year)  |   | Ca<br>Year) (I |         | 4. Securit<br>onAcquired<br>Disposed<br>(Instr. 3, - | (A) of (D   | )        | Securities<br>Beneficially<br>Owned  | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |          |  |
| Common 07.<br>Stock 07.   | /01/2016   |   |                | A       | 533 <u>(1)</u>                                       |   | \$ 0     | 41,158   | 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 | 2.          | 3. Transaction Date | 3A. Deemed         | 4.         | 5.                            | 6. Date Exer | cisable and     | 7. Title and      | 8. Price of   | 9. Nu  |
|-------------|-------------|---------------------|--------------------|------------|-------------------------------|--------------|-----------------|-------------------|---|--------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transactio | TransactionNumber H           |              | Expiration Date |                   | Derivative  | Deriv  |
| Security    | or Exercise |                     | any                | Code       | of                            | (Month/Day   | /Year)          | Underlying        | Security  | Secu   |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Derivativ                     | e            |                 | Securities        | (Instr. 5)  | Bene   |
|             | Derivative  |                     |                    |            | Securities                    | 3            |                 | (Instr. 3 and 4   | •)  | Owne   |
|             | Security    |                     |                    |            | Acquired                      |              |                 |                   |   | Follo  |
|             | -           |                     |                    |            | (A) or                        |              |                 |                   |   | Repo   |
|             |             |                     |                    |            | Disposed                      |              |                 |                   |   | Trans  |
|             |             |                     |                    |            | of (D)                        |              |                 |                   |   | (Instr |
|             |             |                     |                    |            | (Instr. 3,                    |              |                 |                   |   |        |
|             |             |                     |                    |            | 4, and 5)                     |              |                 |                   |   |        |
|             |             |                     |                    |            |                               |              |                 | Amour             | ,t  |        |
|             |             |                     |                    |            |                               |              |                 |                   | 11  |        |
|             |             |                     |                    |            |                               | Date         | Expiration      | or<br>Title Numbe | ar and a second s |        |
|             |             |                     |                    |            |                               | Exercisable  | Date            | of                | 1   |        |
|             |             |                     |                    | Code V     | (A) (D)                       |              |                 | Shares            |   |        |
|             |             |                     |                    | Coue v     | $(\mathbf{A})$ $(\mathbf{D})$ |              |                 | Shares            |   |        |
|             |             |                     |                    |            |                               |              |                 |                   |   |        |
| Ronor       | rtina O     | wners               |                    |            |                               |              |                 |                   |   |        |
| nepu        | ing O       | WIICI 2             |                    |            |                               |              |                 |                   |   |        |

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Relationships **Reporting Owner Name / Address** 10% Owner Officer Other Director DARRETTA ROBERT J C/O UNITEDHEALTH GROUP Х 9900 BREN ROAD EAST MINNETONKA, MN 55343 Signatures Amy L. Schneider, Attorney-in-Fact for Robert J. Darretta 07/05/2016 \*\*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).

Represents deferred stock units that are granted as regular quarterly compensation for service as a director of UnitedHealth Group. (1) Deferred stock units are immediately vested, but must be 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.