Edgar Filing: Nelson Steven H - Form 4

Nalass Starrag II

Form 4											
	10 28, 2018 ORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL			
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287		
Check this if no longe subject to Section 16 Form 4 or	F CHANGES IN BENEFICIAL OWN SECURITIES					NERSHIP OF	Expires: Estimated a burden hou response	rs per			
Form 5 obligation may contri <i>See</i> Instruct 1(b).	s Section 1	7(a) of the	Public Ut		ing Com	pany	Act of	e Act of 1934, f 1935 or Sectio 40			
(Print or Type R	esponses)										
1. Name and Ac Nelson Steve	2. Issuer Name and Ticker or Trading Symbol UNITEDHEALTH GROUP INC [UNH]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) C/O UNITEI GROUP, 990	3. Date of Earliest Transaction(Month/Day/Year)06/26/2018					Director 10% Owner Officer (give title Other (specify below) below) below) EVP & CEO, UnitedHealthcare					
				ndment, Dat th/Day/Year)	-			6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
MINNETON	IKA, MN 553	43						Form filed by M Person	Aore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ar) Execution any	on Date, if	3. Transactic Code (Instr. 8) Code V	on(A) or Dis (D)	posed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common Stock	06/26/2018			A	65.543 (1)	A	\$0	18,344.955	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)

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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. Transactio Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date (Month/Day/Year)		7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Relationships							
Other							

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 dividend equivalents paid on outstanding restricted stock units. The dividend equivalents are subject to the same terms as the underlying restricted stock units and are forfeited if such units do not vest.

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.