#### Edgar Filing: WILENSKY GAIL R - Form 4

WILENSKY	GAIL R											
Form 4	010											
January 04, 2												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								т	OMB APPROVAL			
_	UNIII	DSIAIES		hington,			NGE		OMB Number:	3235-0287		
Check this	s box		vv as	inington,	D.C. 203	949				January 31,		
if no longe	er STAT	FMENT O	F CHAN	CES IN I	RENEEL	CIAI		NERSHIP OF	Expires:	2005		
0	subject to Section 16 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Estimated average			
Section 16 Form 4 or										burden hours per		
Form 5		nursuant to	Section 16	5(a) of the	- Securiti	es Fr	cchand	te Act of 1934	response	0.5		
	Form 5 obligations bligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section											
may contin	nue.		of the Inv	•	•	• •			)II			
See Instruction 1(b).	ction	50(11)		vestinent	compun	, 1100	. 01 17	10				
1(0).												
(Print or Type R	esponses)											
						Reporting Person(s) to						
WILENSKY GAIL R Symbol Issuer					155001							
UNITEDHEALTH GROUP INC (Chec)						k all applicable)						
	[UNH]											
(Last) (First) (Middle) 3. Date of			3. Date of	Date of Earliest Transaction			X Director 10% Owner					
			(Month/Day/Year)					Officer (give title Other (specify below) below)				
C/O UNITEI			01/03/20	)12				below)	below)			
GROUP, 990	00 BREN RO	AD EAST										
			4. If Amer	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
			Filed(Mon	th/Day/Year)	1			Applicable Line)				
								_X_Form filed by				
MINNETON	IKA, MN 553	343						Person	More than One Ro	eporung		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecuri	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned		
1.Title of	2. Transaction	Date 2A. Dee	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Y		on Date, if TransactionAcquired (A) or Code Disposed of (D)				r	Securities	Form: Direct			
(Instr. 3)		any						Beneficially	Indirect (I) Owners	Beneficial		
		(Month/	Day/Year) (Instr. 8) (Instr. 3, 4							Ownership		
							Reported	(Instr. 4)	(Instr. 4)			
						(A)	Transaction(s)					
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common												
Stock	01/03/2012			А	729 <u>(1)</u>	А	\$0	44,651	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	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transacti	5. onNumber	6. Date Exer Expiration D		7. Tit Amou		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		/Year)	Secur	rlying ities . 3 and 4)	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
1	Director	10% Owner Office		Other				
WILENSKY GAIL R C/O UNITEDHEALTH GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343	Х							
Signatures								
Dannette L. Smith, Attorney-in-Fa Wilensky		01/04/2012						
<u>**</u> Signature of Reporting Pe		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 departure from 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.