Edgar Filing: WILENSKY GAIL R - Form 4

WILENSKY	Y GAIL R										
Form 4	2012										
February 17	ЛЛ								OMB AP	PROVAL	
	UNITED	STATES S		RITIES A shington			NGE CO	MMISSION	OMB Number:	3235-0287	
Check the if no lon	aar	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES									
subject t Section Form 4	to STATEN 16. or										
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940											
(Print or Type	Responses)										
WILENSKY GAIL R Symbol				r Name an DHEAL			I	5. Relationship of Reporting Person(s) to ssuer (Check all applicable)			
		I	[UNH]					(Check an applicable)			
C/O UNITEDHEALTH (Month 02/16)				Day/Year) –				_X_ Director 10% Owner Officer (give titleOther (specify below)below)			
				onth/Day/Year) A				 Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
(City)	(State)	(Zip)				G		erson	D (7 1 1	• •	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed	Date, if Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) y/Year) (Instr. 8) (A) or			quired (A) D)	red, Disposed 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	02/16/2012			M	10,000	A	\$ 23.0875	54,651	D		
Common Stock	02/16/2012			М	960	А	\$ 21.075	55,611	D		
Common Stock	02/16/2012			S	10,960	D	\$ 54.6561	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 SEC 1474 information contained in this form are not

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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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou Underlying Secur (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Am or Nu of S
Non-Qualified Stock Option (right to buy)	\$ 23.0875	02/16/2012		М	10,000	07/01/2002	07/01/2012	Common Stock	10
Non-Qualified Stock Option (right to buy)	\$ 21.075	02/16/2012		М	960	08/06/2002	08/06/2012	Common Stock	ç

Reporting Owners

Reporting Owner Name / Address	Relationships							
	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-F. Wilensky		02/17/2012						
<u>**</u> Signature of Reporting P			Date					
E-mile								

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).

This transaction was executed in multiple trades ranging from \$54.65 to \$54.673 per share. The price reported above reflects the weighted
 (1) average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer, or a security holder of the issuer full information regarding the number of shares and prices at which the transactions were effected.

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.