Edgar Filing: UNITEDHEALTH GROUP INC - Form 4

UNITEDHEALTH GROUP IN Form 4 January 03, 2013	٩C									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							PPROVAL 3235-0287			
Check this box if no longer subject toTATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16.STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESExpires: January 3 200Source of 16.Form 4 orFiled pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations may continue.Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940Section 17(a)										
(Print or Type Responses)										
1. Name and Address of Reporting P HOOPER MICHELE J	^r Name and Ticker or Trading DHEALTH GROUP INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (M C/O UNITEDHEALTH GROUP, 9900 BREN ROAD	(Month/Da 01/02/20	(Month/Day/Year) 01/02/2013				X Director Officer (give below)		6 Owner er (specify		
(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
MINNETONKA, MN 55343						Person	Aore than One Ro	eporting		
(City) (State) (2	Zip) Table	e I - Non-De	erivative S	ecuri	ties Aco	quired, Disposed of	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio 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 01/02/2013 Stock		А	688 <u>(1)</u>		\$0	23,003	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. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if		TransactionNumber I		Expiration Date		unt of	Derivative	Deriv
Security	or Exercise		any	Code	Code of (Month/Day/Year)			rlying	Security	Secu	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	(Instr. 8) Derivative		Secu		(Instr. 5)	Bene	
	Derivative				Securities			(Instr	. 3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3, 4, and 5)						
					4, and <i>5)</i>						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
					(A) (D)				of		
				Code V	(A) (D)				Shares		
Reno	rtina O	wners									
перы		when 5									
Reporting	g Owner Nam	ne / Address	Relationships								
			rector 10% Owner	Officer	Other						

Edgar Filing: UNITEDHEALTH GROUP INC - Form 4

HOOPER MICHELE J C/O UNITEDHEALTH GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343

Signatures

Dannette L. Smith, Attorney-in-Fact for Michele J. Hooper

**Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Х

- ** 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 deferred stock units that are granted as regular quarterly compensation for service as a director of UnitedHealth Group. 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.

Date

01/03/2013