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UNITEDHE Form 4 April 01, 20	EALTH GROUP	INC									
FORM										PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287	
if no lon subject t Section Form 4 o Form 5 obligatio may con	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 16. Form 4 or Form 5 obligations Mage 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									Expires: January 31, 2005 Estimated average burden hours per response 0.5	
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> HOOPER MICHELE J			2. Issuer Name and Ticker or Trading Symbol UNITEDHEALTH GROUP INC [UNH]				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) C/O UNITEDHEALTH GROUP INCORPORATED, 9900 BREN ROAD EAST			3. Date of Earliest Transaction(Month/Day/Year)04/01/2008					X Director Officer (give below)	Officer (give title Other (specify		
				mendment, Date Original 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			
MINNETO	NKA, MN 55343	3						Person	More than One K	eporting	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secur	rities A	cquired, Disposed o	of, or Beneficia	lly Owned	
(Instr. 3) any		Execution	Date, if Transaction Code		4. Securities nAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		r) 5)	5. Amount of Securities Beneficially Owned		7. Nature of Indirect	
Reminder: Rep	port on a separate line	e for each cla	ass of sec	urities benef	ficially ow	ned di	rectly o	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 Derivative Security (Instr. 3)	tive Conversion (Month/Day/Year) ty or Exercise		3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour Underlying Securit (Instr. 3 and 4)			
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Share		
Non-Qualified Stock Option (right to buy)	\$ 36.25	04/01/2008		А	5,000	04/01/2008	04/01/2018	Common Stock	5,0		
Reporting	g Own	ers									
Rep	Reporting Owner Name / Address Direc					Relationships or 10% Owner Officer Other					
HOOPER MIC C/O UNITEDH 9900 BREN RC MINNETONK	EALTH GH DAD EAST	ROUP INCORPO	RATED X								
Signature	es										
By: Dannette L. Smith, Attorney-In-Fact For: Michele J. Hooper					04/01/2008						
		Date									

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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).

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.