## Edgar Filing: UNITEDHEALTH GROUP INC - Form 4

UNITEDHEA Form 4 January 06, 2	ALTH GROUP IN 015	NC									
FORM	4 UNITED S	STATES SECU	<b>RITIES A</b>	ND EXC	CHAI	NGE (	COMMISSION		PPROVAL		
Check this	s hox	W	ashington,	D.C. 205	549			Number:	3235-0287		
if no longe subject to Section 16	if no longer STATEMENT OF CHANCES IN RENEFICIAL OWNERSHIP OF							burden hou	Expires: January 31 200 Estimated average burden hours per response 0.		
Form 5 obligation may contin <i>See</i> Instruct 1(b).	s Section 17(a	uant to Section ) of the Public 30(h) of the	Utility Hold	ling Com	pany	Act o	f 1935 or Sectio	·			
(Print or Type R	esponses)										
1. Name and Ac LAWSON R	ier Name <b>and</b> EDHEALT				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
	(Last)(First)(Middle)3. Date of 1(Month/DaC/O UNITEDHEALTHO1/02/20GROUP, 9900 BREN ROAD EAST						X Director Officer (give below)				
	(Street) 4. If Amendment, Date Original 6. Individual or Jo Filed(Month/Day/Year) Applicable Line) _X_Form filed by M					One Reporting P	erson				
MINNETON	IKA, MN 55343						Person		epotting		
(City)	(State) (	Zip) Ta	ble I - Non-D	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code	4. Securi onAcquirec Disposed (Instr. 3, Amount	l (A) o l of (D	)	Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock	01/02/2015		A	373 <u>(1)</u>		\$ 0	23,348	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)

Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execut any	h/Day/Year)	Transactio Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed	(Month/Day/Year)		Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	Deriv Secur Bene Owno Follo Repo Trans
						of (D) (Instr. 3, 4, and 5)						(Instr
					Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Repor	ting O	wners										
Reporting	g Owner Nam	ne / Address	Relationships									
LAWSON	RODGER		rector	10% Owner	Officer	Other						

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4.

5.

6. Date Exercisable and 7. Title and

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

## Signatures

1. Title of 2.

Amy L. Schneider, Attorney-in-Fact for Rodger A. Lawson

\*\*Signature of Reporting Person

## **Explanation of Responses:**

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

Х

3. Transaction Date 3A. Deemed

\*\* 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 the director's completion of service on 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.

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8. Price of

9. Nt

Date

01/06/2015