Edgar Filing: WILSON D ELLEN - Form 4

| WILSON D I Form 4 | ELLEN | | | | | | | | | | |
|---|--|--|------------------------------------|---|---|-------|-------------|--|--|-----------------------------|--|
| February 14, | 2019 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | | OMB AF | OMB APPROVAL | |
| | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | COMMISSION | OMB Number: | 3235-0287 January 31, | |
| Check this box if no longer | | | | | | | | | Expires: | | |
| subject to Section 10 Form 4 or | SIAIF 5. | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | Estimated average burden hours per response 0 | | |
| Form 5 obligation may conti <i>See</i> Instru 1(b). | ^s nue. Section 1 | 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 R | esponses) | | | | | | | | | | |
| WILSON D ELLEN Syn | | | | 2. Issuer Name and Ticker or Trading Symbol UNITEDHEALTH GROUP INC | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | | [UNH] | | | | | (chie | n un uppneuere | / | |
| (Last) C/O UNITE | | (Middle) | 3. Date of (Month/D 02/13/20 | - | ansaction | | | Director XOfficer (give below) EVP & | | Owner er (specify cer | |
| GROUP, 990 | 00 BREN ROA | AD EAST | | | | | | | | | |
| (Street) 4. If Amend Filed(Month | | | | th/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 | | | |
| MINNETON | IKA, MN 5534 | 43 | | | | | | Person | tore than One Re | porting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | ar) Execution any | | 3. Transactio Code (Instr. 8) Code V | 4. Securi m(A) or Di (Instr. 3, Amount | spose | d 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 Stock | 02/13/2019 | | | F | 447 | D | \$ 263.8 | 48,827.848 | 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 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. Transact Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | Date | Amou Unde Secur | le and int of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|---|--------------------------------------|---|---------------------|--------------------|-----------------------|---|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | | Relationships | | | |
|---|------------|-----------|------------------------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| WILSON D ELLEN C/O UNITEDHEALTH GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343 | | | EVP & Chief HR Officer | | | |
| Signatures | | | | | | |
| Faraz A. Choudhry, Attorney-in-F Wilson | Fact for D | . Ellen | 02/14/2019 | | | |
| <u>**</u> Signature of Reporting Pe | erson | | 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).

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.