## Edgar Filing: UNITEDHEALTH GROUP INC - Form 4

Form 4	EALTH GROUP	INC										
February 10 FORM Check th if no lon subject t Section Form 4 c	Was F CHAN	shington, GES IN SECUR	D.C. 20 BENEF ATTIES	9549 ICIA	COMMISSION NERSHIP OF	OMB AF OMB Number: Expires: Estimated a burden hour response						
Form 5 obligation may con <i>See</i> Instr 1(b).	tinue. Section 17	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								1		
(Print or Type	Responses)											
RENFRO LARRY C Symbol				r Name <b>and</b> Ticker or Trading DHEALTH GROUP INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) 3. Date of (Month/D C/O UNITEDHEALTH 02/09/20 GROUP, 9900 BREN ROAD EAST				h				Director       10% Owner         X Officer (give title       0ther (specify below)         below)       below)         EVP, UnitedHealth Group				
				endment, Date Original nth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> <li>Person</li> </ul>				
(City)	(State)	(Zip)	Tabl	e I - Non-D	<b>)</b> erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year		Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)		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	02/09/2012			Code V F	Amount 7,709	(D) D	Price \$ 53.06	238,379.085	D			
Common Stock	02/09/2012			F	3,235	D	\$ 53.06	235,144.085	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 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. Transact Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne 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						
1 0	Director	10% Owner	Officer	Other			
RENFRO LARRY C C/O UNITEDHEALTH GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343			EVP, UnitedHealth Group				
Signatures							
Dannette L. Smith, Attorney-in-Fact Renfro	t for: Larry C		02/10/2012				
**Signature of Reporting Perso	on		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.