Edgar Filing: Shine Kenneth Irwin - Form 4

Shine Kennet	h Irwin											
Form 4												
October 02, 2	.012											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								ONID	3235-0287			
Check this	sbox		Was	hingto	n, I	D.C. 20:	549			Number:	January 31,	
if no longe	. *			OFC D			CIAI			Expires:	2005	
subject to	subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O						NERSHIP OF	Estimated average				
Section 16		SECURITIES								burden hours per		
Form 4 or Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	0.5		
obligation	· · · · · · · · · · · · · · · · · · ·	-						-	•			
may contin	nue. Section			•		•	- ·		f 1935 or Sectio	011		
See Instruc	ction	50(II)	of the Inv	estine	int C	Company	y Act	. 01 19	40			
1(b).												
(Print or Type R	esponses)											
Shine Kenneth Irwin Symbol Issuer						Reporting Person(s) to						
			UNITEDHEALTH GROUP INC [UNH]						(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	Earliest	Tra	nsaction			_X_ Director		6 Owner	
			(Month/Day/Year)						Officer (give title Other (specify below) below)			
C/O UNITEI	DHEALTH)0 BREN RO	ADFAST	10/01/20	012					0010 (()	001010)		
UKUU1, 990		AD LAST										
(Street)			4. If Amendment, Date Original						6. Individual or Joint/Group Filing(Check			
					Applicable Line) _X_ Form filed by One Reporting Person							
MINNETON	IKA, MN 553	343								More than One Re		
(City)	(State)	(Zip)	Table	e I - Non	-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction	Date 2A. Dee	emed	3.		4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Y	on Date, if TransactionAcquired (A) or Code Disposed of (D) /Day/Year) (Instr. 8) (Instr. 3, 4 and 5)					or	Securities	Form: Direct	Indirect		
(Instr. 3)								Beneficially	(D) or	Beneficial		
							5)	Owned Following	Indirect (I) Ownersh (Instr. 4) (Instr. 4)	Ownership		
									Reported	(11150.4)	(IIIstr. 4)	
							(A)		Transaction(s)			
				Code	V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	10/01/2012			A	·	665 <u>(1)</u>		\$ 0	20,849	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	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transacti	5. onNumber	6. Date Exer Expiration D		7. Titl Amou		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/ e		Under Secur	rlying	Security (Instr. 5)	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		Relationsh			
	Director	10% Owner	Officer	Other	
Shine Kenneth Irwin C/O UNITEDHEALTH GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343	Х				
Signatures					
Dannette L. Smith, Attorney-in-Fa		10/02/2012			
<u>**</u> Signature of Reportin		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).
- 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 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.