Edgar Filing: UNITEDHEALTH GROUP INC - Form 4

UNITEDHE Form 4 July 05, 200	EALTH GROUP	INC								
FORM	ЛΔ								PPROVAL	
Washington, D.C. 20549							N OMB Number:	3235-0287		
Check the if no lon subject to Section Form 4 Form 5	MENT OF		SECU	Estimated burden hou response	urs per					
obligatio may cor <i>See</i> Inst 1(b).	ons Section 17((a) of the F	Public U	Itility Hol	ding Cor		of 1935 or Section			
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> BALLARD WILLIAM C JR			2. Issuer Name and Ticker or Trading Symbol UNITEDHEALTH GROUP INC [UNH]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	EDHEALTH GRO RATED, 9900 BH			of Earliest T Day/Year) 2006	ransaction		X Director Officer (giv below)	ve title109 below)	% Owner her (specify	
Filed				endment, Da onth/Day/Yea	-	1	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	5					Person	wore than one R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
(Instr. 3) any		Execution	n Date, if Transactio Code Day/Year) (Instr. 8)		4. Securities nAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(D) Price	(mour o unu r)			
Reminder: Re	port on a separate line	e for each cla	ass of sec	urities benef	ficially ow	ned directly of	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number prof Derivative Securities 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)	\$ 45.01	07/03/2006		А	5,000	07/03/2006	07/03/2016	Common Stock	5,0			
Reporting Owners												
Reporting Owner Name / Address Director					tionships wner Officer	Other						
		_										

Edgar Filing: UNITEDHEALTH GROUP INC - Form 4

BALLARD WILLIAM C JR C/O UNITEDHEALTH GROUP INCORPORATED 9900 BREN ROAD EAST MINNETONKA, MN 55343

Signatures

By: David J. Lubben For: William C. Ballard, Jr.

07/05/2006

Х

Date

Explanation of Responses:

**Signature of Reporting Person

* 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.