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UNITEDHEALTH GROUP INC						
Form 4						
January 05, 2009				PPROVAL		
FORM 4 UNITED STA	ATES SECURITIES AND EXCHANGE	COMMISSION		PROVAL		
	Washington, D.C. 20549		Number:	3235-0287		
Check this box if no longer		F CHANGES IN BENEFICIAL OWNERSHIP OF				
subject to STATEMEN Section 16.	Estimated a burden hou					
Form 4 or	SECURITIES					
abligations	nt to Section 16(a) of the Securities Exchar	•	·			
may continue. Section 17(a) of	f the Public Utility Holding Company Act 30(h) of the Investment Company Act of 1		1			
See Instruction 1(b).	so(ii) of the investment company Act of T	7-0				
(Print or Type Responses)						
1. Name and Address of Reporting Perso	5. Relationship of	Reporting Person(s) to				
LEATHERDALE DOUGLAS W	Symbol	Issuer				
	UNITEDHEALTH GROUP INC [UNH]	(Check all applicable)				
(Last) (First) (Middl		_X_ Director	10%	Owner		
	(Month/Day/Year)	Officer (give titleOther (specify below)				
C/O UNITEDHEALTH GROUP INCORPORATED, 9900 BREN			0010 (1)			
ROAD EAST						
(Street)	4. If Amendment, Date Original	6. Individual or Joi	int/Group Filiı	1g(Check		
	Filed(Month/Day/Year)	Applicable Line)				
MINNETONKA, MN 55343		_X_ Form filed by O Form filed by M				
		Person				
(City) (State) (Zip)	Table I - Non-Derivative Securities A			-		
1.Title of Security2. Transaction Date (Month/Day/Year)2A.ExeExe	Deemed 3. 4. Securities ecution Date, if TransactionAcquired (A) or	5. Amount of 6. Securities Fo		7. Nature of Indirect		
(Instr. 3) any	Code Disposed of (D)	Beneficially (I	(D) or Indirect	Beneficial		
(Mc	onth/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)	Owned (I Following (I) nstr. 4)	Ownership (Instr. 4)		
	(A)	Reported				
	or	Transaction(s) (Instr. 3 and 4)				
	Code V Amount (D) Price					
Reminder: Report on a separate line for e	each class of securities beneficially owned directly o	r 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 Derivative2.3. Transaction Date (Month/Day/Year)Security (Instr. 3)or ExercisePrice of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number Transaction of Derivative Code Securities (Instr. 8) 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)	\$ 27.59	01/02/2009		A		5,000		01/02/2009	01/02/2019	Common Stock	5,0
Reporting	g Own	ers									
Reporting Owner Name / Address			R	elat	tionships	5					
			Directo	r 10%	Ow	vner O	Officer	Other			
LEATHERDAI C/O UNITEDH 9900 BREN RC MINNETONKA	EALTH GI DAD EAST	ROUP INCORPO	RATED X								
Signature	es										
-		torney-In-Fact For	r: Douglas W.			0	1/05/	/2009			
** Signature of Reporting Person							Dat	e			

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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.