## Edgar Filing: UNITEDHEALTH GROUP INC - Form 4

UNITEDHE Form 4 June 26, 201	ALTH GROUP INC 5							
FORM	OMB APPROVAL							
Check thi	UNITED STAT	OMB Number:	3235-0287					
if no long subject to Section 1 Form 4 o Form 5	6.	Expires: Estimated a burden hou response	urs per					
obligation may cont <i>See</i> Instru 1(b).	$\frac{1}{1}$ Section $17(a)$ of th							
(Print or Type F	Responses)							
1. Name and A BURKE RIC	ddress of Reporting Person <u>*</u> CHARD T	2. Issuer Name <b>and</b> Ticker or Trading Symbol UNITEDHEALTH GROUP INC	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
		[UNH]						
(Last) C/O UNITE GROUP, 99	(First) (Middle) DHEALTH 00 BREN ROAD EAST	3. Date of Earliest Transaction (Month/Day/Year) 06/24/2015	_X_Director10% Owner Officer (give titleOther (specify below)below)					
	(Street)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person						
MINNETO	NKA, MN 55343		Form filed by M Person	Iore than One Re	eporting			
(City)	(State) (Zip)	Table I - Non-Derivative Securities A	cquired, Disposed of	, or Beneficial	lly Owned			
1.Title of Security (Instr. 3)	2. Transaction Date 2A. D (Month/Day/Year) Execu any (Mont	tion Date, if TransactionAcquired (A) or Code Disposed of (D) h/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)	Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
		(A) or Code V Amount (D) Pric	Transaction(s) (Instr. 3 and 4)					
Common Stock	06/24/2015	A 77 (1) A \$ 0	2,098,981	D				
Common Stock			86,000	I	by Trust (2)			

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)	4. Transacti Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Inst
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

RelationshipsReporting Owner Name / AddressDirector10% OwnerOfficerOtherDirector10% OwnerOfficerOtherBURKE RICHARD T<br/>C/O UNITEDHEALTH GROUP<br/>9900 BREN ROAD EAST<br/>MINNETONKA, MN 55343XXXSignatures<br/>BurkeXXXXSignatures<br/>Burke06/26/2015

\*\*Signature of Reporting Person

**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).
- (1) Represents dividend equivalents paid on vested deferred stock units. The dividend equivalents are immediately vested but must be retained by the director until the director's completion of service on the Board.

These shares are held in an irrevocable trust for the benefit of the reporting person's children. The reporting person disclaims beneficial(2) ownership of the shares held by his children's irrevocable trust, and this report should not be deemed an admission that the reporting person is the beneficial owner of the shares held by the irrevocable trust for the purposes of Section 16 or for any other purpose.

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.

Date