Edgar Filing: UNITEDHEALTH GROUP INC - Form 4

UNITEDHEALTH GROUP Form 4 January 03, 2008	INC							
FORM 4 UNITED		PPROVAL 3235-0287						
Washington, D.C. 20549NumberCheck this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF 								
(Print or Type Responses)								
1. Name and Address of Reporting Person <u>*</u> WILENSKY GAIL R		suer Name and Ticker or Trading ol FEDHEALTH GROUP INC H]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (C/O UNITEDHEALTH GR INCORPORATED, 9900 BI ROAD EAST	(Mont OUP 01/02	e of Earliest Transaction h/Day/Year) 2/2008	X Director Officer (give below)		% Owner her (specify			
(Street)	Filed	Amendment, Date Original Month/Day/Year)	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
MINNETONKA, MN 55343	3		Person	wore than one R	eporting			
(City) (State)	(Zip) T	able I - Non-Derivative Securities	Acquired, Disposed o	of, or Beneficia	lly Owned			
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Year	Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or	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)			
Reminder: Report on a separate lin	e for each class of s	Code V Amount (D) Price						

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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)	vative Conversion (Month/Day/Year) Execution rity or Exercise any		Execution Date, if	4. Transacti Code (Instr. 8)	5. Number onof 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)	\$ 56.67	01/02/2008		А	5,000	01/02/2008	01/02/2018	Common Stock	5,0				
Reporting Owners													
Reporting Owner Name / Address			Directo		itionships wner Office	r Other							
WILENSKY GAIL R C/O UNITEDHEALTH GROUP INCORPORATED 9900 BREN ROAD EAST MINNETONKA, MN 55343			RATED X										
Signature	es												
By: Dannette L. Smith, Attorney-In-Fact For: Gail R. Wilensky			r: Gail R.	()1/03/2008								
**Signature of Reporting Person					Date								

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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.