#### Edgar Filing: UNITEDHEALTH GROUP INC - Form 4

#### UNITEDHEALTH GROUP INC

Form 4

February 09, 2009

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB

**OMB APPROVAL** 

3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per 0.5

response...

if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

See Instruction 1(b).

ROAD EAST

(City)

(Print or Type Responses)

1. Name and Address of Reporting Person \* HEMSLEY STEPHEN J

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

UNITEDHEALTH GROUP INC

(Check all applicable)

[UNH]

(Last) (First) (Middle)

(Street)

(State)

3. Date of Earliest Transaction (Month/Day/Year)

\_X\_\_ Director 10% Owner Other (specify X\_ Officer (give title below)

02/06/2009

C/O UNITEDHEALTH GROUP INCORPORATED, 9900 BREN

(Zin)

President & Chief Exec Officer

6. Individual or Joint/Group Filing(Check

4. If Amendment, Date Original

Applicable Line)

Filed(Month/Day/Year)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

#### MINNETONKA, MN 55343

(City)	(State)	(Zip) Tal	ole I - Non	-Derivative Se	curiti	es Acquire	d, Disposed of, o	r Beneficially	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securities Appropriate Appropriate Appropriate Amount	D)	ed (A) or	5. Amount of 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)
Common Stock	02/06/2009		M	4,875,000 (1)	A	\$ 8.7188	5,268,074 (2)	D	
Common Stock	02/06/2009		F	2,919,735 (1)	D	\$ 28.94	2,348,339 (2)	D	
Common Stock							281	I	by 401(k)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

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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	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercis	sable and	7. Title and A
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionDerivative		Expiration Date		Underlying So
Security	or Exercise		any	Code	Securities	(Month/Day/Year)		(Instr. 3 and 4
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A) or			
	Derivative				Disposed of (D)			
	Security				(Instr. 3, 4, and 5)			
						Date	Expiration	Title
				Code V (A	(A) (D)	Exercisable	Date	
					()			
Non-Qualified								Common
Stock Option	\$ 8.7188	02/06/2009		M	4,875,000	10/13/2000	10/13/2009	
(right to buy)								Stock
(6								

### **Reporting Owners**

Relationships Reporting Owner Name / Address

Director 10% Owner Officer Other

HEMSLEY STEPHEN J C/O UNITEDHEALTH GROUP INCORPORATED 9900 BREN ROAD EAST MINNETONKA, MN 55343

X

President & Chief Exec Officer

## **Signatures**

By: Christopher J. Walsh, Attorney-in-Fact For: Stephen J. Hemsley

02/06/2009

Date

\*\*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).
- Represents a "net exercise" of an aggregate of 4,875,000 stock options where 2,919,735 shares were used to pay the exercise price and taxes, and the remaining net 1,955,265 shares were issued to and retained by Mr. Hemsley.
- (2) Includes shares acquired under UnitedHealth Group's Employee Stock Purchase Plan.

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.

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