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UNITEDHEALT Form 4 June 29, 2016	ΓΗ GROUP IN	IC										
FORM 4	L										PPROVAL	
-	Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES									Expires: Estimated a burden hou response	rs per	
Form 5 obligations may continue. See Instruction 1(b).	Section 17(a)		lic Util	lity Ho	ldir	ng Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40	n		
(Print or Type Respo	onses)											
1. Name and Address of Reporting Person <u>*</u> RENWICK GLENN M			2. Issuer Name and Ticker or Trading Symbol UNITEDHEALTH GROUP INC [UNH]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) C/O UNITEDH GROUP, 9900 H	EALTH	(Mc 06/	Date of E onth/Day 28/201		Fran	saction			X Director Officer (give below)		o Owner er (specify	
	(Street)		Filed(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	A, MN 55343								Person		porting	
(City)	(State) (Z	Zip)	Table	I - Non-	Der	ivative S	Securi	ties Aco	quired, Disposed of	f, or Beneficial	lly Owned	
	Transaction Date Ionth/Day/Year)		ate, if	3. Transac Code (Instr. 8 Code	tion] 5) (4. Securi Acquired Disposed (Instr. 3, Amount	l (A) o l of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common 06 Stock 06	5/28/2016			A		172 <u>(1)</u>		\$ 0	40,294	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly 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)

				4, and 5)						
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Reporting Owners										
Reporting Owner Name / Address		Relations	nips							
	Director	10% Owner	Officer	Other						
RENWICK GLENN M										
C/O UNITEDHEALTH GROUP	х									
9900 BREN ROAD EAST	21									
MINNETONKA, MN 55343										
Signatures										
Dannette L. Smith, Attorney-in-Fact for Glenn M. Renwick					06/29/2016					

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4.

Code

(Instr. 8)

Execution Date, if

(Month/Day/Year)

5.

of

Derivative

Securities

Acquired

Disposed

(Instr. 3,

(A) or

of (D)

TransactionNumber

6. Date Exercisable and

Expiration Date

(Month/Day/Year)

7. Title and

Amount of

Underlying

(Instr. 3 and 4)

Securities

8. Price of

Derivative

Security

(Instr. 5)

9. Nt

Deriv

Secu

Bene

Own

Follo

Repo

Trans

(Insti

3. Transaction Date 3A. Deemed

any

(Month/Day/Year)

**Signature of Reporting Person

If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Explanation of Responses:

1. Title of

Security

(Instr. 3)

*

Derivative

2.

Conversion

or Exercise

Derivative

Price of

Security

** 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 and are subject to the same terms as the underlying deferred stock units.

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