## Edgar Filing: UNITEDHEALTH GROUP INC - Form 4

UNITEDHEA Form 4 October 05, 20 <b>FORM</b> Check this if no longer subject to Section 16. Form 4 or	4 UNITED S	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							OMB Number: Expires: Estimated a burden hou	irs per	
Form 5 obligations may continu <i>See</i> Instruct 1(b).	ue. Section 17(a	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								0.0	
(Print or Type Res	sponses)										
1. Name and Add BURKE RICI	erson <u>*</u>	2. Issuer Name <b>and</b> Ticker or Trading Symbol UNITEDHEALTH GROUP INC					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) C/O UNITED	[UNH] 3. Date of Earliest Transaction (Month/Day/Year) 10/03/2016					_X_ Director 10% Owner Officer (give title Other (specify below) below)					
				ndment, Dat th/Day/Year)	-			<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting</li> </ul>			
(City)		Zip)	<b>T</b> - 1, 1,	I N. D				Person	С <b>Р</b>		
1.Title of	2. Transaction Date (Month/Day/Year)	2A. Dee Executio any	med	3. Transactic Code (Instr. 8) Code V	4. Securit onAcquired Disposed (Instr. 3,	ties (A) o of (D	r )	<b>quired, Disposed o</b> 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	
Stock	10/03/2016			A	316 <u>(1)</u>		\$ 0	1,989,949	D		
Common Stock								86,000	Ι	by Trust (2)	

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.

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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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title Amour Underl Securit (Instr. 1	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Relationships **Reporting Owner Name / Address** 10% Owner Officer Other Director BURKE RICHARD T C/O UNITEDHEALTH GROUP Х 9900 BREN ROAD EAST MINNETONKA, MN 55343 Signatures Amy L. Schneider, Attorney-in-Fact for Richard T. 10/05/2016 Burke

\*\*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 deferred stock units that are granted as regular quarterly compensation for service as a director of UnitedHealth Group. (1) Deferred stock units 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