Edgar Filing: Nelson Steven H - Form 4

Form 4											
March 21, 2013	Δ) STATES	SECUR	ITIES A	ND EXC	CHAN	IGE (COMMISSION		PPROVAL	
					D.C. 205		102 0		Number:	3235-0287	
Check this b if no longer subject to Section 16. Form 4 or		x STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Lanuary 31Expires:2005Estimated averageburden hours perresponse0.5		
Form 5 obligations may continu <i>See</i> Instruct 1(b).	Bection 17	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									
(Print or Type Res	sponses)										
1. Name and Add Nelson Steven	2. Issuer Name and Ticker or Trading Symbol UNITEDHEALTH GROUP INC					5. Relationship of Reporting Person(s) to Issuer					
	[UNH] (Check all applicable)					e)					
(Last) C/O UNITED GROUP, 9900	HEALTH	(Middle)	3. Date of (Month/Da 03/20/20	ay/Year)	ransaction			Director X_Officer (give below) EVP & CE		Owner er (specify thcare	
(Street) 4. If				. If Amendment, Date Original ïled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
MINNETON	KA, MN 5534	.3						Form filed by N Person	More than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-D	Derivative S	Securit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
	2. Transaction Da Month/Day/Yea	r) Executio any	med n Date, if	3. Transacti Code (Instr. 8)	4. Securit on(A) or Di (D) (Instr. 3, 4	ies Ac sposed 4 and 5 (A) or	quired of	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	
Common Stock	03/20/2018			Code V A	Amount 59.956	(D) A	Price \$ 0	18,279.412	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)

Reporting Owners

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	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

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Nelson Steven H C/O UNITEDHEALTH GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343			EVP & CEO, UnitedHealthcare					
Signatures								
Dannette L. Smith, Attorney-in-Fact Nelson	for Steven H		03/21/2018					
<u>**</u> Signature of Reporting Perso	on		Date					

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 dividend equivalents paid on outstanding restricted stock units. The dividend equivalents are subject to the same terms as the (1) underlying restricted stock units and are forfeited if such units do not vest.

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.