Edgar Filing: Shine Kenneth Irwin - Form 4

Shine Kennet	h Irwin											
Form 4												
July 05, 2011	_											
FORM	4_{UNITE}	D STATES	SECUR	ITIES A	ND EXC	'HAI	NGE (COMMISSION	т	OMB APPROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549								OMB Number:	3235-0287 January 31,		
Check this			Expires:									
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL O					LOW	NERSHIP OF		Estimated average burden hours per				
Section 16		SECURITIES									burden hou	
Form 4 or Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,								response 0.5		
obligation	^s Section	-						of 1935 or Section	m			
may contin See Instruc	nue.		of the Inv	•	•	- ·						
1(b).												
	`											
(Print or Type Ro	esponses)											
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Relationship of F							f Reporting Per	Reporting Person(s) to				
Shine Kenneth Irwin Syn							0	Issuer				
	UNITEDHEALTH GROUP INC [UNH]				C	(Check all applicable)						
(Last) (First) (Middle)			3. Date of Earliest Transaction					_X_Director10% Owner				
C/O UNITEDHEALTH			(Month/Day/Year) 07/01/2011					Officer (give titleOther (specifybelow)below)				
GROUP, 990		AD EAST	0//01/20)11								
01001,990	(Street)		1 If Amer	ndmant Da	te Original			6 Individual or I	oint/Group Fili	ng(Chaolz		
· · · · · · · · · · · · · · · · · · ·				If Amendment, Date Original ed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
_X_Form filed by (One Reporting Person						
MINNETON	IKA, MN 553	343						Person	More than One R	eporting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned		
1.Title of	2. Transaction	Date 2A. Dee	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	• •		on Date, if TransactionAcquired (A) or					Securities	Form: Direct	Indirect		
(Instr. 3)		any (Month/	Code Disposed of (D) /Day/Year) (Instr. 8) (Instr. 3, 4 and 5)					Beneficially Owned		Beneficial Ownership		
						Following	(Instr. 4) (Instr. 4)					
						(A)		Reported Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock	07/01/2011			A	706 <u>(1)</u>		\$ 0	17,065	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)

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1. Title of Derivative	2. Conversion	3. Transaction Date		4. Transporti	5.	6. Date Exer		7. Titl		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	(Month/Day/Year)	Transactio Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Under Securi (Instr.	rlying	Security (Instr. 5)	Denv Secur 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		Relationsh		
	Director	10% Owner	Officer	Other
Shine Kenneth Irwin C/O UNITEDHEALTH GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343	х			
Signatures				
Dannette L. Smith, Attorney-in-Fa	07/05/2011			

**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).
- (1) Represents deferred stock units that are granted as regular quarterly compensation for service as a director of UnitedHealth Group. Deferred stock units are immediately vested, but must be retained by the director until departure from the Board.

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