Edgar Filing: WICHMANN DAVID S - Form 4

WICHMAN	N DAVID S									
Form 4										
February 14,	, 2019									
FORM	4								OMB AF	PROVAL
	UNITED	STATES		RITIES A shington,			NGE C	COMMISSION	OMB Number:	3235-0287
Check th if no long subject to Section 1 Form 4 o Form 5		F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934						Expires: Estimated a burden hour response	-	
obligations may continue. See Instruction 1(b).										
(Print or Type I	Responses)									
			2. Issuer Name and Ticker or Trading Symbol UNITEDHEALTH GROUP INC [UNH]				-	5. Relationship of Reporting Person(s) to Issuer		
	NC	(Check all applicable)								
(Mor				Date of Earliest Transaction onth/Day/Year) /13/2019				X Director 10% Owner X Officer (give title Other (specify below) below) Chief Executive Officer		
	(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 					
MINNETONKA, MN 55343 Form filed by More than One Rep Person										
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative	Secu	rities Acq	uired, Disposed of	, or Beneficial	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deen Execution any (Month/E	n Date, if	3. Transactic Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	(A)	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Comment				Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common Stock	02/13/2019			F	1,203	D	\$ 263.8	849,454.521	D	
Common Stock								235.9809	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 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. Transact Code (Instr. 8)	5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv 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	Relationships						
	Director	10% Owner	Officer	Other			
WICHMANN DAVID S C/O UNITEDHEALTH GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343	Х		Chief Executive Officer				
Signatures							
Faraz A. Choudhry, Attorney-in-F	act for: E	David S.					

Explanation of Responses:

**Signature of Reporting Person

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).

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.

Wichmann

02/14/2019

Date