## Edgar Filing: Shine Kenneth Irwin - Form 4

| Shine Kennet   | h Irwin                      |   |  |   |                           |                                    |       |         |  |  |   |  |
|--|------------------------------|---|--|---|---------------------------|------------------------------------|-------|---------|--|--|---|--|
| Form 4   |                              |   |  |   |                           |                                    |       |         |  |  |   |  |
| September 20   | , 2017                       |   |  |   |                           |                                    |       |         |  |  |   |  |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION  |                              |   |  |   |                           |                                    |       | OMB     | 9PROVAL<br>3235-0287   |  |   |  |
| Check this<br>if no longe<br>subject to<br>Section 16<br>Form 4 or<br>Form 5<br>obligation<br>may contin<br><i>See</i> Instruct<br>1(b). | s Filed p<br>s Section 1     | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES<br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section<br>30(h) of the Investment Company Act of 1940 |  |   |                           |                                    |       |         |  | Expires:<br>Estimated a<br>burden hou<br>response                    | Number:January 31Expires:200Estimated averageburden hours perresponse0. |  |
| (The of Type It  | espenses)                    |   |  |   |                           |                                    |       |         |  |  |   |  |
| 1. Name and Address of Reporting Person <u>*</u><br>Shine Kenneth Irwin  |                              |   | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>UNITEDHEALTH GROUP INC<br>[UNH] |   |                           |                                    |       | -       | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)  |  |   |  |
| (Last) (First) (Middle) 3. Da<br>(Mou  |                              |   | 3. Date of (Month/Da   | 3. Date of Earliest Transaction<br>(Month/Day/Year)<br>09/19/2017 |                           |                                    |       |         | X_ Director 10% Owner<br>Officer (give title Other (specify<br>below) below)   |  |   |  |
|  |                              |   |  | Amendment, Date Original<br>d(Month/Day/Year)                     |                           |                                    |       |         | <ul> <li>6. Individual or Joint/Group Filing(Check<br/>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul> |  |   |  |
| MINNETON   | IKA, MN 553                  | 343   |  |   |                           |                                    |       |         | Person   | More than One Ro   | eporting  |  |
| (City)   | (State)                      | (Zip)   | Table  | I - Non-  | Derivat                   | ive S                              | ecuri | ties Ac | quired, Disposed o   | of, or Beneficial  | lly Owned   |  |
| 1.Title of<br>Security<br>(Instr. 3)   | 2. Transaction (Month/Day/Ye | ear) Executio<br>any  | emed   | 3.<br>Transac<br>Code<br>(Instr. 8                                | 4. Se<br>tionAcqu<br>Disp | ecurit<br>uired<br>osed<br>r. 3, 4 | ies   | r<br>)  | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)   | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | -   |  |
| Common<br>Stock  | 09/19/2017                   |   |  | А   |                           | (1)                                | A     | \$0     | 28,990   | 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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5.<br>onNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, |                     | ate                | 7. Titl<br>Amou<br>Under<br>Secur<br>(Instr. | int of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|--|--|---------------------|--------------------|--|--|---|--|
|   |   |   | Code V                                 | 4, and 5)<br>(A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title  | Amount<br>or<br>Number<br>of<br>Shares |   |  |

## **Reporting Owners**

| Reporting Owner Name / Address   |          | Relationsh |         |       |  |
|--|----------|------------|---------|-------|--|
|  | Director | 10% Owner  | Officer | Other |  |
| Shine Kenneth Irwin<br>C/O UNITEDHEALTH GROUP<br>9900 BREN ROAD EAST<br>MINNETONKA, MN 55343 | Х        |            |         |       |  |
| Signatures   |          |            |         |       |  |
| Dannette L. Smith, Attorney-in-Fa  |          | 09/20/2017 |         |       |  |
| <u>**</u> Signature of Reportin  | g Person |            |         | 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 vested deferred stock units. The dividend equivalents are immediately vested and are subject to (1) 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.