Edgar Filing: SHORT MARIANNE D - Form 4

SHORT MA	RIANNE D										
Form 4											
February 12									OMB AF	PROVAL	
FORM	4 UNITEI) STATES		RITIES A shington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check th				8 /					Expires:	January 31,	
Subject to Section 16. Form 4 or			F CHANGES IN BENEFICIAL OW SECURITIES Section 16(a) of the Securities Exchang						Estimated a burden hour response		
obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17	7(a) of the	Public U		ling Cor	npan	y Act of	f 1935 or Section	1		
(Print or Type	Responses)										
1. Name and A SHORT MA	2. Issuer Name and Ticker or Trading Symbol UNITEDHEALTH GROUP INC [UNH]					5. Relationship of Reporting Person(s) to Issuer					
						(Check all applicable)					
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)					Director X Officer (give			
	EDHEALTH 900 BREN ROA	D EAST	02/08/2	-				below) EVP & C	below) hief Legal Off	icer	
				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
MINNETO	NKA, MN 5534	3						Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D) erivative	Secur	rities Acq	uired, Disposed of	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	ty (Month/Day/Year) Execution Date, if		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or			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)			
a				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	02/08/2019			F	782	D	\$ 261.9	100,794.163	D		
Common Stock	02/08/2019			F	559	D	\$ 261.9	100,235.163	D		
Common Stock	02/08/2019			F	448	D	\$ 261.9	99,787.163	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 formSEC 1474
(9-02)

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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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. 6. Date Exercisable and onNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Under Secur	tle and unt of vrlying rities :. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
Repo	rting C)wners	Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
SHORT MARIANNE D C/O UNITEDHEALTH GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343			EVP & Chief Legal Officer					
Signatures								
Faraz A. Choudhry, Attorney-in-H Short	02/12/2019							
<u>**</u> Signature of Reporting	Person		Date					
Evaluation of Responses:								

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).

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.