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UNITEDHEALTH GROUP INC

Form 3

September 21, 2007

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

SECURITIES

(Print or Type Responses)

1. Name and Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person * Statement UNITEDHEALTH GROUP INC [UNH] **WELTERS ANTHONY** (Month/Day/Year) 09/15/2007 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) C/O UNITEDHEALTH GROUP (Check all applicable) INCORPORATED, Â 9900 **BREN ROAD EAST** 10% Owner Director (Street) _X__ Officer Other 6. Individual or Joint/Group (give title below) (specify below) Filing(Check Applicable Line) EVP, Pres, Pub & Snr Mkt Grp _X_ Form filed by One Reporting Person MINNETONKA, MNÂ 55343 Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 1. Title of Security 2. Amount of Securities 3. 4. Nature of Indirect Beneficial Beneficially Owned (Instr. 4) Ownership Ownership (Instr. 4) Form: (Instr. 5) Direct (D) or Indirect (I) (Instr. 5) Â Common Stock (1) 3,453 D Reminder: Report on a separate line for each class of securities beneficially SEC 1473 (7-02) 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

 Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

currently valid OMB control number.

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of	Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Derivative	Security:	

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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Non-Qualified Stock Option (Right to Buy)	(2)	10/28/2013	Common Stock	97,500	\$ 28.1	D	Â
Non-Qualified Stock Option (Right to Buy)	(3)	11/04/2014	Common Stock	270,000	\$ 42.865	D	Â
Non-Qualified Stock Option (Right to Buy)	(4)	05/02/2015	Common Stock	100,000	\$ 48.57	D	Â
Non-Qualified Stock Option (Right to Buy)	(5)	10/31/2015	Common Stock	40,000	\$ 60.7	D	Â
Stock Appreciation Rights	(6)	05/02/2016	Common Stock	100,000	\$ 48.58	D	Â
Stock Appreciation Rights	(7)	05/28/2017	Common Stock	150,000	\$ 54.41	D	Â
Stock Appreciation Rights	05/28/2013	05/28/2017	Common Stock	25,000	\$ 54.41	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships					
• •		10% Owner	Officer	Other		
WELTERS ANTHONY C/O UNITEDHEALTH GROUP INCORPORATED 9900 BREN ROAD EAST MINNETONKA, MN 55343	Â	Â	EVP, Pres, Pub & Snr Mkt Grp	Â		

Signatures

/s/ Christopher J. Walsh, Attorney-in-fact 09/21/2007

**Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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 shares acquired under UnitedHealth Group's Employee Stock Purchase Plan.
- (2) The stock options vest at a rate of 33-1/3% annually on October 28 from the years 2005 through 2007.
- (3) The stock options vest at a rate of 25% annually on November 4 from the years 2005 through 2008.
- (4) The stock options vest at a rate of 25% annually on May 2 from the years 2006 through 2009.
- (5) The stock options vest at a rate of 25% annually on October 31 from the years 2006 through 2009.
- (6) The stock appreciation rights vest at a rate of 25% annually on May 2 from the years 2007 through 2010.
- (7) The stock appreciation rights vest at a rate of 25% annually on May 28 from the years 2008 through 2011.

Reporting Owners 2

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Remarks:

Exhibit List

Exhibit 24 - Power of Attorney

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.