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REX JOHN	F										
Form 4											
February 12	_										
FORM	4 UNITED	STATES					NGE C	OMMISSION	OMB	PROVAL 3235-0287	
Check th	nis box		Wa	shington,	, D.C. 20)549			Number:	January 31	
if no lon subject to Section 1 Form 4 of Form 5	F CHANGES IN BENEFICIAL OWN SECURITIES Section 16(a) of the Securities Exchange						Expires: 21 Estimated average burden hours per response				
obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17	a) of the	Public U		ding Cor	npan	y Act of	1935 or Section	l		
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> REX JOHN F			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 10% Owner X_ Officer (give title Other (specify below) below)			
	EDHEALTH 900 BREN ROAI) EAST	02/08/2	018				· · · · · · · · · · · · · · · · · · ·	f Financial Off	ïcer	
				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 55343	;						Form filed by Me Person	ore than One Rej	porting	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secu	rities Acqu	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any		Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3,	(A) or	d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common	02/08/2018			Code V F	Amount 977	(D) D	Price \$ 216.46	62,179.435	D		
Stock Common Stock	02/09/2018			F	681	D	\$ 220.96	61,498.435	D		
Common Stock	02/09/2018			F	715	D	\$ 220.96	60,783.435	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 (9-02) required to respond unless the form

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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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
Beno	rting ()	wnore	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		Officer	Other				
REX JOHN F C/O UNITEDHEALTH GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343			EVP Chief Financial Officer					
Signatures								
Faraz A. Choudhry, Attorney-in-F F. Rex	02/12/2018							
**Signature of Reporting Perso	on		Date					
Explanation of Poo	none							

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).

Remarks:

Exhibit 24 Rex 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.