#### Edgar Filing: UNITEDHEALTH GROUP INC - Form 4

#### UNITEDHEALTH GROUP INC

Form 4

February 27, 2006

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

3235-0287

2005

0.5

January 31, Expires:

**OMB APPROVAL** 

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obligations

Check this box

may continue.

(Middle)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(Last)

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading MCGUIRE WILLIAM W Issuer Symbol UNITEDHEALTH GROUP INC [UNH]

(Check all applicable)

C/O UNITEDHEALTH GROUP

(First)

INCORPORATED, 9900 BREN **ROAD EAST** 

3. Date of Earliest Transaction

(Month/Day/Year) 02/23/2006

\_X\_\_ Director X\_ Officer (give title below)

10% Owner Other (specify

Chairman & CEO

(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 Form filed by More than One Reporting

Person

#### MINNETONKA, MN 55343

(City)	(State)	(Zip) Tai	ble I - Non	-Derivative Se	curiti	es Acquire	d, Disposed of, o	r Beneficially	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or or or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)	
Common Stock	02/23/2006		M	1,570,496	A	\$ 5	2,215,358	D	
Common Stock	02/23/2006		M	729,504	A	\$ 5.0157	2,944,862	D	
Common Stock	02/23/2006		S	2,300,000	D	\$ 59.1	644,862	D	
Common Stock							6,368	I	by 401(k)

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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.

SEC 1474 (9-02)

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and A Underlying Se (Instr. 3 and 4
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title
Non-Qualified Stock Option (right to buy)	\$ 5	02/23/2006		M	1,570,496	10/29/1999	10/16/2008	Common Stock
Non-Qualified Stock Option (right to buy)	\$ 5.0157	02/23/2006		M	729,504	10/13/2000	10/13/2009	Common Stock

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
• 0	Director	10% Owner	Officer	Other		
MCGUIRE WILLIAM W						
C/O UNITEDHEALTH GROUP INCORPORATED	X		Chairman & CEO			
9900 BREN ROAD EAST	Λ		Chairman & CEO			
MINNETONKA, MN 55343						

# **Signatures**

By: David J. Lubben For: William W.

McGuire

02/27/2006

\*\*Signature of Reporting 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).

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.

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