Edgar Filing: UNITEDHEALTH GROUP INC - Form 4

UNITEDHE Form 4 October 05,	EALTH GROUP	INC							
FORM	ΙΔ							-	PPROVAL
Check this box if no longer subject to Section 16.				URITIES AND EXCHANGE COMMISSION Vashington, D.C. 20549 ANGES IN BENEFICIAL OWNERSHIP OF SECURITIES				OMB Number:	3235-0287
								Estimated	Estimated average burden hours per
Form 4 c Form 5 obligatio may con <i>See</i> Instr 1(b).	Filed pur ons Section 17(a) of the l	Public U	Itility Hol	ding Con		nge Act of 1934, of 1935 or Sectio 940	response	. 0.5
(Print or Type	Responses)								
1			2. Issuer Name and Ticker or Trading Symbol UNITEDHEALTH GROUP INC [UNH]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	EDHEALTH GRO RATED, 9900 BF			of Earliest T Day/Year) 2005	ransaction		X Director Officer (giv below)		% Owner ler (specify
				mendment, Date Original Ionth/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person		
MINNETO	NKA, MN 55343	5					Form filed by Person	More than One R	eporting
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	cquired, Disposed o	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	curity (Month/Day/Year) Execution Date, if		Date, if	3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price			Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect
Reminder: Rer	port on a separate line	e for each cl	ass of sec			. /	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)

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. 5. Number of Transactio/Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou Underlying Secur (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Am or Nu of S
Non-Qualified Stock Option (right to buy)	\$ 56.78	10/03/2005		А	10,000	10/03/2005	10/03/2015	Common Stock	10
Reporting Owners									

Edgar Filing: UNITEDHEALTH GROUP INC - Form 4

Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
MUNDINGER MARY ONEIL C/O UNITEDHEALTH GROUP INCORPORATED 9900 BREN ROAD EAST MINNETONKA, MN 55343) х						
Signatures							
By: David J. Lubben For: Mary O. Mundinger	10/05/2005	i					
**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.