## Edgar Filing: BOUDREAUX GAIL - Form 4

BOUDREAU Form 4											
March 22, 20		STATES					GE C	OMMISSION	OMB AF OMB Number:	PROVAL 3235-0287	
Check thi if no long subject to Section 1 Form 4 or Form 5 obligation may cont <i>See</i> Instru 1(b).	6. Filed pu Section 17	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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							Expires: Estimated a burden hour response	•	
(Print or Type F	Responses)										
BOUDREAUX GAIL Symbol				r Name <b>and</b> Ticker or Trading DHEALTH GROUP INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
				belo			Director 10% Owner X Officer (give title Other (specify below) below) EVP & CEO, UnitedHealthcare				
	(Street)	2		endment, Da nth/Day/Year	-			6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M	One Reporting Per	rson	
	NKA, MN 5534							Person		porting	
(City)	(State)	(Zip)	Tab	le I - Non-E			_	uired, Disposed of	, or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	) Execution any		3. Transactic Code (Instr. 8) Code V	4. Securitie on(A) or Disp (Instr. 3, 4 a Amount	osed c		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 Stock	03/21/2011			А	326.777 (1)	А	\$0	282,512.777	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 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)

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-	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
BOUDREAUX GAIL C/O UNITEDHEALTH GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343			EVP & CEO, UnitedHealthcare					
Signatures								
Christopher J. Walsh, Attorney-in-F Boudreaux	act for: Gail	К.	03/22/2011					
<u>**</u> Signature of Reporting P	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).
- (1) Represents payment of dividend equivalents on outstanding restricted stock units. The dividend equivalents are subject to the same terms as the underlying restricted stock units and are forfeited if the related award does not vest.

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.