

Walsh Christopher James
 Form 3
 October 28, 2009

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

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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Walsh Christopher James		(Month/Day/Year)	UNITEDHEALTH GROUP INC [UNH]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		10/22/2009		
C/O UNITEDHEALTH GROUP INCORPORATED,Â 9900 BREN ROAD EAST			(Check all applicable)	
(Street)			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
			<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below) (specify below)	
			EVP and General Counsel	
MINNETONKA,Â MNÂ 55343			6. Individual or Joint/Group Filing(Check Applicable Line)	
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Form filed by One Reporting Person	
			<input type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock ⁽¹⁾	62,634	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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 Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Stock Appreciation Rights	02/03/2010 ⁽²⁾	02/03/2019	Common Stock	84,842	\$ 29.74	D	Â
Stock Appreciation Rights	06/05/2009 ⁽³⁾	06/05/2018	Common Stock	70,709	\$ 33.94	D	Â
Stock Appreciation Rights	10/29/2008 ⁽⁴⁾	10/29/2017	Common Stock	80,000	\$ 47.95	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Walsh Christopher James C/O UNITEDHEALTH GROUP INCORPORATED 9900 BREN ROAD EAST MINNETONKA, MN 55343	Â	Â	Â EVP and General Counsel	Â

Signatures

By: Dannette L. Smith, Attorney-in-Fact For: Christopher J. Walsh

10/28/2009

__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).

Includes restricted stock award that vests 25% annually on October 29 from the years 2008 through 2011; restricted stock unit award that

- (1) vests 25% annually on June 5 from the years 2009 through 2012; restricted stock unit award that vests 25% annually on February 3 from the years 2010 through 2013; and shares acquired under UnitedHealth Group's Employee Stock Purchase Plan.
- (2) The stock appreciation rights vest at a rate of 25% annually on February 3 from the years 2010 through 2013.
- (3) The stock appreciation rights vest at a rate of 25% annually on June 5 from the years 2009 through 2012.
- (4) The stock appreciation rights vest at a rate of 25% annually on October 29 from the years 2008 through 2011.

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Remarks:

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.