

UNITEDHEALTH GROUP INC  
Form 3  
August 02, 2007

**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 \*

Å Sweere Lori

(Last) (First) (Middle)

C/O UNITEDHEALTH GROUP INCORPORATED, Å 9900 BREN ROAD EAST

(Street)

MINNETONKA, Å MN Å 55343

(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)  
07/31/2007

3. Issuer Name and Ticker or Trading Symbol

UNITEDHEALTH GROUP INC [UNH]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director  10% Owner  
 Officer  Other  
(give title below) (specify below)  
EVP, Human Capital

5. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)

Common Stock <sup>(1)</sup>

2. Amount of Securities Beneficially Owned (Instr. 4)

19,600

3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)

D Å

4. Nature of Indirect Beneficial Ownership (Instr. 5)

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) |
|------------------|-----------------|--------------|----------------------------|----------|---------------------------------------|
| 07/30/2017       | 07/30/2017      | Common Stock | 73,900                     | \$ 48.94 | D                                     |

## Reporting Owners

| Reporting Owner Name / Address  | Relationships |           |                    |       |
|---|---------------|-----------|--------------------|-------|
|   | Director      | 10% Owner | Officer            | Other |
| Sweere Lori<br>C/O UNITEDHEALTH GROUP INCORPORATED<br>9900 BREN ROAD EAST<br>MINNETONKA, MN 55343 |               |           | EVP, Human Capital |       |

## Signatures

By: Dannette L. Smith For: Lori Sweere  
Date: 08/02/2007

\*\*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).
- (1) Represents restricted stock granted to Ms. Sweere pursuant to the terms of her employment with UnitedHealth Group Incorporated. The restricted stock will vest at a rate of 25% annually on July 30 from the years 2008 through 2011.
- (2) The stock appreciation rights vest at a rate of 25% annually on July 30 from the years 2008 through 2011.

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.