**QUAM LOIS E** Form 4

December 22, 2005

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**OMB APPROVAL** OMB

3235-0287 Number:

January 31, Expires: 2005

10% Owner

Other (specify

Estimated average burden hours per response... 0.5

if no longer subject to Section 16. Form 4 or Form 5

Check this box

**SECURITIES** 

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Last)

(City)

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person \* **OUAM LOIS E** 

2. Issuer Name and Ticker or Trading

Symbol

UNITEDHEALTH GROUP INC [UNH]

5. Relationship of Reporting Person(s) to

(Check all applicable)

C/O UNITEDHEALTH GROUP

(Street)

(State)

(First)

(Middle)

(Zip)

INCORPORATED, 9900 BREN ROAD EAST

4. If Amendment, Date Original

3. Date of Earliest Transaction

Filed(Month/Day/Year)

(Month/Day/Year)

12/07/2005

6. Individual or Joint/Group Filing(Check

CEO, Ovations, Inc.

Applicable Line)

Director

X\_ Officer (give title

Issuer

below)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

MINNETONKA, MN 55343

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3) (Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) 5. Amount of Securities Beneficially Owned Following Reported

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

6. Ownership 7. Nature of Form: Direct (D) or Indirect (I) (Instr. 4)

D

Ι

Indirect Beneficial Ownership (Instr. 4)

by 401(k)

(9-02)

(A) Transaction(s) or (Instr. 3 and 4) (D) Price Code V Amount

Common 12/07/2005 \$0 2,483 D 17,335 Stock

Common 12/08/2005 V 2.253 D \$0 D G 15.082

Stock Common

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

Persons who respond to the collection of SEC 1474 information contained in this form are not

2,568

### Edgar Filing: QUAM LOIS E - Form 4

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# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title o | f 2.         | 3. Transaction Date | 3A. Deemed         | 4.         | 5.         | 6. Date Exer     | cisable and | 7. Titl | e and      | 8. Price of | 9. Nu  |
|------------|--------------|---------------------|--------------------|------------|------------|------------------|-------------|---------|------------|-------------|--------|
| Derivativ  | e Conversion | (Month/Day/Year)    | Execution Date, if | Transacti  | orNumber   | Expiration D     | ate         | Amou    | nt of      | Derivative  | Deriv  |
| Security   | or Exercise  |                     | any                | Code       | of         | (Month/Day/      | /Year)      | Under   | lying      | Security    | Secui  |
| (Instr. 3) | Price of     |                     | (Month/Day/Year)   | (Instr. 8) | Derivative |                  | Securities  |         | (Instr. 5) | Bene        |        |
|            | Derivative   |                     |                    |            | Securities | S                |             | (Instr. | 3 and 4)   |             | Own    |
|            | Security     |                     |                    |            | Acquired   |                  |             |         |            |             | Follo  |
|            |              |                     |                    |            | (A) or     |                  |             |         |            |             | Repo   |
|            |              |                     |                    |            | Disposed   |                  |             |         |            |             | Trans  |
|            |              |                     |                    |            | of (D)     |                  |             |         |            |             | (Instr |
|            |              |                     |                    |            | (Instr. 3, |                  |             |         |            |             |        |
|            |              |                     |                    |            | 4, and 5)  |                  |             |         |            |             |        |
|            |              |                     |                    |            |            |                  |             |         | A          |             |        |
|            |              |                     |                    |            |            |                  |             |         | Amount     |             |        |
|            |              |                     |                    |            |            | Date             | Expiration  | Title   | Or         |             |        |
|            |              |                     |                    |            |            | Exercisable Date | Date        |         | Number     |             |        |
|            |              |                     |                    | C 1 17     | (A) (D)    |                  |             |         | of         |             |        |
|            |              |                     |                    | Code V     | (A) (D)    |                  |             |         | Shares     |             |        |

# **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |                           |       |  |  |  |
|---|---------------|-----------|---------------------------|-------|--|--|--|
| 1 9   | Director      | 10% Owner | Officer                   | Other |  |  |  |
| QUAM LOIS E<br>C/O UNITEDHEALTH GROUP INCORPORATED<br>9900 BREN ROAD EAST<br>MINNETONK A MN 55343 |               |           | CEO,<br>Ovations,<br>Inc. |       |  |  |  |

# **Signatures**

By: David J. Lubben For: Lois E. Quam 12/22/2005

\*\*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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