Edgar Filing: SHORT MARIANNE D - Form 4

SHORT MA	RIANNE D										
Form 4											
December 17	, 2018										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB AF	PROVAL	
	UNITED) STATES		AITIES A			NGE (COMMISSION	OMB Number:	3235-0287	
Check this box									Expires:	January 31,	
if no longer subject to Section 16. STATEMENT OF CHAN				IGES IN BENEFICIAL OWNERSHIP OF SECURITIES				Estimated average burden hours per			
Form 4 or	r								response 0.5		
Form 5 obligatior	1 0						-	e Act of 1934,			
may conti				•	•	• •		f 1935 or Section	n		
<i>See</i> Instru 1(b).	iction	30(h)	of the In	vestment	Company	y Act	of 194	40			
(Print or Type R	Responses)										
1. Name and Address of Reporting Person _ SHORT MARIANNE D2. Issuer Name and Ticker or Trading Symbol5. Relationship of Issuer							Reporting Person(s) to				
-				FEDHEALTH GROUP INC				(Check all applicable)			
(Last)	(First)	(First) (Middle) 3. Date of F (Month/Da			Earliest Transaction			Director 10% Owner X_ Officer (give title Other (specify			
C/O UNITE GROUP, 99	DHEALTH 00 BREN ROA	D EAST	12/13/20	-				below) EVP & C	below) Chief Legal Off	icer	
				Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
MINNETON	VKA, MN 5534	3	Filed(Mon	th/Day/Year)			Applicable Line) _X_ Form filed by C Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securit	ties Acc	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security	2. Transaction Da (Month/Day/Year		ned n Date, if	3. Transactio	4. Securition(A) or Dis			5. Amount of Securities	6. Ownership Form: Direct		
(Instr. 3)	(· · · ·), · · ·	any	,	Code (D)			Beneficially	(D) or	Beneficial		
		(Month/I	Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5) (A)		5)	Owned Following Reported	Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
						or		Transaction(s) (Instr. 3 and 4)			
C				Code V	Amount	(D)	Price	(mour o uno r)			
Common Stock	12/13/2018			А	76.853 (1)	А	\$0	101,576.163	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)

1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exer			tle and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if		onNumber	Expiration D			unt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	(Year)	Unde	erlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secu	rities	(Instr. 5)	Bene
	Derivative				Securities	S		(Instr	: 3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration	Title			
						Exercisable	Date	inte	of		
				Code V	(A) (D)				Shares		
				Cout v	(II) (D)				Shares		
Renor	ting O	wners									
nepu		WIICI S									
Donorthe	Relationships										

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	Director	10% Owner	Officer	Other
SHORT MARIANNE D C/O UNITEDHEALTH GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343			EVP & Chief Legal Officer	
Signatures				
Faraz A. Choudhry, Attorney-in-Fact for Marianne D. Short			12/17/2018	
<u>**</u> Signature of Reporting	Person		Date	

Explanation of Responses:

Reporting Owner Name / Address

- * 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).
- Represents dividend equivalents paid on outstanding restricted stock units. The dividend equivalents are subject to the same terms as the (1) underlying restricted stock units and are forfeited if such units do 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.

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