## FORM 4

obligations may continue. See

Instruction 1(b).

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICE	AL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*					2. Issuer Name <b>and</b> Ticker or Trading Symbol United Continental Holdings, Inc. [ UAL ]										all app Direc	olicable) ctor	ng Pe	Person(s) to Issuer  10% Owner		
(Last) P. O. BO	(Fi X 66100 H	, ,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/28/2017								X	belov	,	enera	Other (specify below) neral Counsel		
(Street) CHICAC			50666 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)     5. Individual or Joint/Group Filing (Check Applical Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person										on				
		Tabl	e I - No	n-Deriv	ative	Se	curiti	es Ac	quired,	Dis	posed o	of, o	r Ben	efici	ially	Owne	ed			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Dispo Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3, 4			4 and Sed Bei Ow		mount of urities neficially ned Following		Ownership rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		(A) or (D)	Pric	e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock			02/28	3/2017	,			F <sup>(1)</sup>	Г	1,670	)	D	\$74	4.09 76,596 D					
Common	Stock			02/28	3/2017	7			<b>F</b> <sup>(2)</sup>		1,170	)	D	\$74	\$74.09 75,426 D					
Common	Stock			02/28	3/2017	7			F <sup>(3)</sup>		1,643	3	D	\$74	74.09 73,783 D					
		Та									osed of, onvertib					wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	ution Date, / / th/Day/Year) 3		sunsaction de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ivative urities juired or posed D) tr. 3, 4	6. Date Expiration (Month/E	on Da Day/Yo		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amour or Numbe of Title Shares		ount			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

## **Explanation of Responses:**

- 1. This transaction represents the withholding of shares to pay tax withholding obligations associated with the vesting of the restricted stock award granted on February 19, 2014. This award vests in three equal annual installments on February 28, 2015, February 28, 2016, and February 28, 2017.
- 2. This transaction represents the withholding of shares to pay tax withholding obligations associated with the vesting of the restricted stock award granted on February 18, 2015. This award vests in three equal annual installments on February 28, 2016, February 28, 2017, and February 28, 2018.
- 3. This transaction represents the withholding of shares to pay tax withholding obligations associated with the vesting of the restricted stock award granted on February 17, 2016. This award vests in three equal annual installments on February 28, 2017, February 28, 2018, and February 28, 2019.

## Remarks:

/s/ Jennifer L. Kraft for Brett J. 03/02/2017

\*\* Signature of Reporting Person

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

- \* 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.

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 Number.