FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response:	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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 an	2. Issuer Name and Ticker or Trading Symbol United Continental Holdings, Inc. [ UAL ]										5. Relationship of Reporting Person(s) to (Check all applicable)  Director 10%									
(Last) (First) (Middle) P. O. BOX 66100 HDQLD						3. Date of Earliest Transaction (Month/Day/Year) 02/28/2017									X Officer (give title below)  Vice Preside			Other (specify below)  at & Controller		
(Street) CHICAGO IL 60666  (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transar Date (Month/Da						Execution Dat			Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)					5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
								Code	v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	/2017	2017		F <sup>(1)</sup>		661		D	\$74.09		9,518		D							
Common Stock 02/28/						2017					463		D	\$74.09		9,055		D		
Common Stock 02/28						/2017					611		D	\$74.09		8,444		D		
		Та									sed of, onvertib				y Ov	vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transaction Code (Instr. B)		n of		6. Date E Expiratio (Month/D	n Date	•	7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		str. 3	Deri Secu	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: t (D) lirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nui of	ount nber ares						

## **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, 2019, and February 28, 2019.

## Remarks:

/s/ Jennifer L. Kraft for Chris

03/02/2017

T. Kenny

\*\* Signature of Reporting Person D

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

- \* 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.