FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL 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* <u>Corvi Carolyn</u>						2. Issuer Name and Ticker or Trading Symbol CONTINENTAL AIRLINES INC /DE/ CAL										eck all a _l		able)	rting Person(s) to Issuer 10% Owner		
(Last) 1600 SM	(Last) (First) (Middle) 1600 SMITH STREET - HQSEO				3. [3. Date of Earliest Transaction (Month/Day/Year) 10/01/2010											cer ((ow)	give title		Other (s below)	specify
(Street) HOUSTON TX 77002 (City) (State) (Zip)					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable ne) 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. Transac Date (Month/Date)						ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		•,	3. Transact Code (In 8)	ion str.	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				4 and Securitie Benefici Owned I		ly	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
										Code	,	Amount	(A (D) or)	Price	Reported Transaction(s) (Instr. 3 and 4)		on(s) nd 4)			(Instr. 4)
Class B Common Stock 10/01/						2010			D		3,31	1	D	(1)		0			D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transa Code (8)		of		Exp	ate Exer iration D nth/Day/	ate		and 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price Derivati Security (Instr. 5)	ve s	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exe	e rcisable	Exp Dat	piration te	Title	O N O	umber						
Stock Option (Right to	\$18.55	10/01/2010			D			7,500	06/0	09/2010	12	/22/2019	Class I Commo	on 7	7,500	(2)		0		D	

Explanation of Responses:

1. Disposed of pursuant to the Agreement and Plan of Merger, dated as of May 2, 2010, by and among Continental Airlines, Inc. ("Continental"), UAL Corporation and JT Merger Sub Inc., in exchange for 1.05 shares of common stock of United Continental Holdings, Inc. ("UAL") per share of Continental B Common Stock on October 1, 2010. Any fractional share will be paid in cash. Shares reported in Table I Column 4 include 2,311 restricted shares that would have vested on June 9, 2011. These restricted shares were converted into 2,426 restricted shares of UAL common stock, with the same terms and conditions as the original Continental restricted shares.

2. Options were converted pursuant to the Merger Agreement into options to purchase 7,875 shares of UAL common stock at \$17.67 per share, with the same terms and conditions as the original Continental options

> /s/ Sarah Hagy on behalf of Carolyn Corvi

10/05/2010

** Signature of Reporting Person

Date

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.