FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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

OMB APPROVAL								
OMB Number:	3235-0104							
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1. Name and Address of Reporting Person* LOVEJOY PAUL R		. Date of Event Requiring Staten Month/Day/Year		3. Issuer Name and Ticker or Trading Symbol UAL CORP /DE/ [UAL]							
(Street)	(First)	(Middle)	06/24/2003			tionship of Reporting Perso all applicable) Director Officer (give title below) Sr.V.P Gen. Counsel	10% Owne Other (spe below)	er	5. If Amendment, Date of (Month/Day/Year) 6. Individual or Joint/Grou Applicable Line) X Form filed by One Form filed by Mongreporting Persor		/Group Filing (Check y One Reporting Person y More than One
Table I - Non-Derivative Securities Beneficially Owned											
······································					nt of Securities ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Exp (Mo		2. Date Exercisable and Expiration Date (Month/Day/Year)			3. Title and Amount of Securitic Underlying Derivative Security		4. Convei or Exei	ersion ercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
		Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Price of Derivative Security		Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

/s/Mary Jo Georgen for Paul R. **Lovejoy**

07/01/2003

** 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 5 (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.