FORM	4
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## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	heck this box if no longer subject to ection 16. Form 4 or Form 5 Jligations may continue. <i>See</i> struction 1(b).
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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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:	3235-0287								
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					01	ocolic	(ii)	or the	investment	oompu	iny Act	01 10 40								
1. Name and Address of Reporting Person* MUNOZ OSCAR				<u> C</u>	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>CONTINENTAL AIRLINES INC /DE/</u>								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
				CA	CAL ]								X Directo			10% O\				
,														Officer (give title			Other (	specify		
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)								below			below)			
500 WATER STREET, C-900					06/	06/06/2006														
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)					4.1	t Ame	ndment,	Date	of Original F	iled (Mo	onth/D	ay/Year)	6. I Lin		Joint/Group	p ⊢ılını	g (Check Ap	plicable		
	ONVILLE H	71	32202											,	filed by On	e Ren	orting Perso	'n		
JACKS			32202											X Form filed by One Reporting Person Form filed by More than One Reporting						
					·									Perso		re mai	п Опе керо	rung		
(City)	(Si	tate)	(Zip)																	
		Tab	le I - Nor	-Deriv	vative	e Se	curitie	s Ac	quired, D	ispo	sed o	of. or Be	neficial	lv Owner	1					
4 THE	<b>C</b>			2. Trans			A. Deem		3.	-				5. Amou			vnership	7. Nature		
1. Title of Security (Instr. 3) 2. Tran Date				Date		-   E	Execution		ate, Transaction		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		str. 3, 4 and	I Securiti	es Fo		n: Direct	of Indirect		
				(Month/	Day/Ye		f any Month/Da	av/Ye:	ear) 8)					Benefic			or Indirect Instr. 4)	Beneficial Ownership		
						`	wonth/D	ayrica						d (			(Instr. 4)			
									Code	/ Amount		(A) o (D)	r Price	Transac (Instr. 3	tion(s)					
														1.						
		Т							uired, Dis					v Owned						
				(e.g., p	outs,	calls	s, warr	ants	s, options	, con	verti	ble secu	irities)							
1. Title of	2.	3. Transaction	3A. Deeme	d	4.	nsaction of		6. Date Exercisable and 7. Title and			d	8. Price of	f 9. Number of		10.	11. Nature				
Derivative	Conversion	Date	Execution						Expiration D			Amount o		Derivative			Ownership	of Indirect		
Security or Exercise (Month/Day/Year) if any (Instr. 3) Price of (Month/Day/Year)					Code ( 8)			Derivative ( Securities		(Month/Day/Year) Securities Underlying				Security (Instr. 5)	Securities Beneficially		Form: Direct (D)	Beneficial Ownership		
(	Derivative			,,	•,		Acquir					Derivative	Security		Owned		or Indirect	(Instr. 4)		
Security (A) or Disposed							(Instr. 3 aı	nd 4)		Following Reported		(I) (Instr. 4)								
						of (D)									Transacti	ction(s)				
							(Instr. 3, 4 and 5)								(Instr. 4)					
		ŀ									Amount									
													Amount or							
									Date				Number of							
					Code	v	(A)	(D)	Exercisable	Date	ration	Title	Shares							
Outside														i						
Director										1		Class B						1		
Stock Option	\$23.62	06/06/2006			Α		5,000		06/06/2006	06/06	5/2016	Common	5,000	\$0	5,000	)	D			
(Right to												Stock								
Buy)			1			1				1		1			1			1		

Explanation of Responses:

by Sarah E. Hagy on behalf of Oscar Munoz 06/07

06/07/2006

\*\* 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.