FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| Name and Address of Reporting Person* Jojo Linda P | | | | | | United Continental Holdings, Inc. [UAL] | | | | | | | | heck all ap Dire | ationship of Reporting all applicable) Director Officer (give title | | 10% Ov | vner |
|--|---|--|----------|-------------------------------|------------------------------|---|--|--------|---|-------|--|-----------------|--|--|---|---|--|---|
| (Last) P. O. BO | (Fi X 66100 - 1 | | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/03/2017 | | | | | | | | A belo | Officer (give title Other (specify below) EVP, Tech & Chief Digital Ofcr | | | |
| (Street) CHICAGO IL 60666 (City) (State) (Zip) | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (Oily) | | | | on-Deriv | vative | e Sec | urit | ies Ac | quired | l, Di | sposed (| of, or Be | neficia | lly Own | ed | | | |
| | | | | 2. Transa Date (Month/D | | Exe r) if a | 2A. Deemed Execution Date, f any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | d (A) or r. 3, 4 and | 5) Secur Bene Owne | icially d Following | Forr (D) (| n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | rted action(s) 3 and 4) | | | (Instr. 4) |
| Common Stock 11/03/20 | | | | | /2017 | | | | M | | 7,677 | A | \$0.00 | (1) | 23,789 | | D | |
| Common Stock 11/03/20 | | | | | 2017 | | | | D | | 7,677 | D | \$62.7 | 5(1) | 16,112 | | D | |
| | | Т | able II | | | | | | | | oosed of converti | | | y Owne | k | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | | | 4. Transa Code (8) | | n of | | 6. Date E Expiration (Month/I | on Da | | | f g Security | 8. Price of Derivative Security (Instr. 5) | | itive ities icially d ving rted action(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | V (A) | | (D) | Date Exercisa | ıble | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Restricted Stock Units | (1) | 11/03/2017 | | | M | | | 7,677 | (2) | | (2) | Common Stock | 7,677 | (1) | 0 | | D | |

Explanation of Responses:

1. Each restricted stock unit ("RSU") represents the economic equivalent of one share of UAL common stock and is settled in cash upon vesting based on the average closing price of UAL common stock for the 20 trading days immediately preceding the vesting date.

 $2.\ The\ RSUs\ vest\ in\ three\ installments\ of\ 7,676\ RSUs\ on\ November\ 3,\ 2015,\ 7,676\ RSUs\ on\ November\ 3,\ 2016,\ and\ 7,677\ RSUs\ on\ November\ 3,\ 2017.$

Remarks:

/s/ Sarah Hagy for Linda P.

11/07/2017

<u>Jojo</u>

** 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.