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

| | | | | | | | J. 00() | 00 . | nvestmer | | inputity 7 tot | 0. 20 | | | | | | | | | | | |
|--|-------------------------|--------------------------|----------------------|-----------|--------------|--|--|-------|---|--|--------------------|------------------|------------------------|------------------------------------|--------------------------------------|---|---|-----------------------------------|-------------------------|-------------|--|--|--|
| 1. Name and Address of Reporting Person* | | | | | | | 2. Issuer Name and Ticker or Trading Symbol United Continental Holdings, Inc. [UAL] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| <u>Foland Jeffrey T.</u> | | | | | | | Office Continental Fromings, Inc. [OAL] | | | | | | | | | Direc | ctor | 1 | 10% Owner | | | | |
| , | | | | | <u> </u> | | | | | | | | | _ | X | Offic | er (give title | 0 | ther | (specify | | | |
| (Last) | (Fi | ret) (| (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | belov | below) below) | | | | | | |
| | | | | | | 02/02/2014 | | | | | | | | | | EV | VP- Mktg, | Tech and | Strg | y | | | |
| P. O. BOX 66100 HDQLD | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | |
| (Street) | | | | | | | | | | | | | | Line) | | | | | | | | | |
| CHICAC | iO IL | O IL 60666 | | | | X | | | | | | | ⊢orn | Form filed by One Reporting Person | | | | | | | | | |
| | | | | | | | | | | | | | | | orm filed by More than One Reporting | | | | | | | | |
| (City) (| | ate) (| (Zip) | | | Person | | | | | | | | 1011 | | | | | | | | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Se | curitie | s Ac | guired, | Dis | posed o | f, or | Ben | efici | ally | Owne | ed | | | | | | |
| 1 Title of 9 | Security (Inst | r 3) | | 2. Transa | action | | A. Deen | ned | 3. | | 4. Securit | ies A | cauirea | l (A) or | | 5. Am | ount of | 6. Owners | nin | 7. Nature | | | |
| I. Title of C | becurity (ilist | 1. 3) | | Date | | E | Execution Date, if any (Month/Day/Year) | | Transa | Transaction Disposed | | | d Of (D) (Instr. 3, 4 | | | Secur | ities | Form: Dire | orm: Direct | of Indirect | | | |
| | | | | (Month/E | Day/Yea | | | | Code (Instr. | | 5) | | | | Benef | icially d Following | (D) or Indii (I) (Instr. 4) | (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | | | | |
| | | | | | - [` | (e.i.i.i.zuji i cu. | | 9, | | 1 | | | | Repor | Reported | | , (| (Instr. 4) | | | | | |
| | | | | | | | | | | ٧ | Amount | (A) or (D) | | Price | . | Transaction(s) (Instr. 3 and 4) | | | | | | | |
| <u> </u> | C ₁ 1 | | /201.4 | 2014 | | | F(1) | | 1.740 | , , , , , , , , , , , , , , , , , , , | | φ ₄ , | 0.4 | | 14.075 | | | | | | | | |
| Common | Stock | /2014 | | | | F(1) | | 1,749 | 9 D \$ | | \$45 | .84 | 4 | 14,275 | D | | | | | | | | |
| | | Та | ble II - I | Derivati | ive S | ecu | rities | Acqu | ired, D | ispo | sed of, | or B | enef | iciall | y Ov | vned | | | | | | | |
| | | | (| e.g., pı | uts, c | alls | , warr | ants, | option | s, c | onvertib | le s | ecuri | ities) | - | | | | | | | | |
| 1. Title of | 2. | 3. Transaction | 3A. Deem | ed 4 | 4. | | 5. Nu | mber | 6. Date Exercisable and | | | 7. Title and | | | 8. Pr | ice of 9. Number of | | of 10. | | 11. Nature | | | |
| Derivative | Conversion | Date (Month/Day/Year) | Execution | | Transa | | | | Expiration Date Amount of (Month/Day/Year) Securities | | | | | | | ative | derivative Securities | Owners | ship | of Indirect | | | |
| Security (Instr. 3) | or Exercise Price of | | if any (Month/Day | | Code (8) | ınsır. | | | (MOHIH/D | Securities Underlying Derivative Security (Instr. and 4) | | | Security (Instr. 5) | | Beneficially | | Form: Direct (D) | Beneficial Ownership | | | | | |
| ` , | Derivative | | , | · | • | | | | | | | | l` | | Owned | or Indii | or Indirect (I) (Instr. 4) | (Instr. 4) | | | | | |
| | Security | | | | | | | | | | | | | | Following Reported | (I) (Inst | | | | | | | |
| | | | | | | of (D) (Instr. 3, 4 and 5) | | , | | | | -, | | | | Transaction | (s) | | | | | | |
| | | | | | | | | | | | | | | | (Instr. 4) | | | | | | | | |
| | | ļ | | ⊢ | | | | _ | | | | - | Τ. | | ł | | | | - | | | | |
| | | | | | | | | | | | | | An | ount | | | | | | | | | |
| | | | | | | | | | | | | | Nu | mber | | | | | | | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | of Sh | 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 awards granted on February 2, 2012 and April 25, 2012. These awards vest in three equal annual installments.

Remarks:

/s/ Jennifer L. Kraft for Jeffrey

** Signature of Reporting Person

T. Foland

02/04/2014

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.