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						
Expires:	December 31, 2014						
Estimated average	Estimated average burden						
hours per response:	0.5						

1. Name and Address of Reporting Person* WOODARD RONALD B		. Date of Event equiring Staten Month/Day/Year	nent	3. Issuer Name and Ticker or Trading Symbol CONTINENTAL AIRLINES INC /DE/ [CAL]						
(Last)	(First)	(Middle)	05/14/2003		4. Relationship of Reporting Person(s) to (Check all applicable)		(M	5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) (City)	(State)	(Zip)			X Director Officer (give title below)	10% Owne Other (spe below)	cify 6.	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)			1 -	. Amount of Securities leneficially Owned (Instr. 4)			Nature of Indirect Beneficial Ownership str. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Ins		4. Conversion or Exercise	e Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
		Date Exercisable	Expiratior Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)			

Explanation of Responses:

Ronald B. Woodard by Scott Peterson

05/16/2003

** 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.