FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	VAL					
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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

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Name and Address of Reporting Person* ACTION OF THE CONTROL							2. Issuer Name and Ticker or Trading Symbol United Continental Holdings, Inc. [UAL]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
KENNY CHRIS							Office Continental Fromings, Inc. [OAL]									Direc	ctor		10% Owner				
,					<u> </u>									_	X	Offic	er (give title			(specify			
(Last)	(Fi	rst) (Middle)		3. Date of Earliest Transaction (Month/Day/Year)									^	belov	below) below)							
						02/17/2016										Vi	ce Presider	nt & Co	ntrolle	r			
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	O IL	IL 60666												X	Forn	Form filed by One Reporting Person							
				-											Form filed by More than One Re				orting				
(City)	(St	State) (Zip)														Pers	ion						
						_			<u> </u>			_		<u> </u>									
		Tabl	e I - Noi	n-Deriv	ative	Se	curitie	S AC	quired,	Dis	posed o	t, or	Ben	eticia	ally	Owne	ed 						
1. Title of S	Security (Inst	r. 3)		2. Transa Date	action				3.				ties Acquired (A)				ount of		6. Ownership Form: Direct	7. Nature of Indirect			
				Date (Month/E	Day/Yea	Execution Date, ar) if any		, Transaction Disposed Of (D) (Ir Code (Instr. 5)) (IIISU.	str. 3, 4 and					D) or Indirect	Beneficial					
				,		((Month/Day/Year		r) 8)								d Following	(I) (Instr.	(I) (Instr. 4)	Ownership			
									Code	v	Amount	(A) or		Price		Reported Transaction(s)				(Instr. 4)			
									Code	Ľ	Amount		D)	11100		(Instr. 3 and 4)							
Common	Stock	//2016	2016			A		4,005	(1) A S		\$0.	0.00 16,		6,240	D								
		_				re Securities Acquired, Disposed of, or Benefic								_			l						
		Та													y Ov	vned							
			(e.g., pu	its, c	ans	, warr	ants,	option	s, c	onvertib	ie s	ecuri	iles)									
1. Title of	2.	3. Transaction	3A. Deem		4. Transa		tr. Derivative Securities Acquired (A) or Disposed		6. Date Exercisable and Expiration Date			7. Title and Amount of			8. Price of Derivative		9. Number o		10. Ownership	11. Nature of Indirect			
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution D if any (Month/Day/		Transa Code ((Month/D		Securities			Security		Securities Beneficially Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership				
(Instr. 3)	Price of Derivative			ay/Year)	8)				`	Und		(Inst	r. 5)										
	Security										str. 3				(Instr. 4)								
												and 4)					Reported Transaction	(6)	1				
							of (D) (Instr. 3, 4									(Instr. 4)		(5)					
					and 5)		5)							_									
														ount									
													or Nur	nber									
						١.,	1	_,	Date		Expiration	L	of										
		ı		- 1	Code	V	(A)	(D)	Exercisa	ble	Date	Title	Sha	ıres			1	- 1					

Explanation of Responses:

1. Restricted stock vests in three equal annual installments beginning on February 28, 2017.

Remarks:

/s/ Jennifer L. Kraft for Chris T. Kenny

02/19/2016

** 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.