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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

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

1. Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol CONTINENTAL AIRLINES INC /DE/ [CAL	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>BETHUNE GORDON M</u>		<u>L</u>		X	Director	10% Owner			
(Last)	(First)	(Middle)		x	Officer (give title below)	Other (specify below)			
1600 SMITH ST.		(3. Date of Earliest Transaction (Month/Day/Year) 04/14/2004		CEO and Chairman	of the Board			
HQSEO									
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	idual or Joint/Group Filin	g (Check Applicable			
HOUSTON	ТХ	77002		X	Form filed by One Rep	orting Person			
,			—		Form filed by More tha Person	n One Reporting			
(City)	(State)	(Zip)							

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Secu	ırity (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)	ction	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		5. Number Derivativ Securitie Acquired or Dispos of (D) (In 3, 4 and 9	e s I (A) sed str.	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Performance Rights	(1)	04/14/2004		А		50,000		(2)	12/31/2007	Class B Common Stock	50,000	\$0	50,000	D	
Performance Rights	(1)	04/14/2004		A		75,000		(3)	03/31/2006	Class B Common Stock	75,000	\$0	75,000	D	
Performance Rights	(1)	04/14/2004		Α		125,000		(4)	06/30/2005	Class B Common Stock	125,000	\$0	125,000	D	

Explanation of Responses:

1. One for one.

2. The award vests upon registrant's common stock achieving a market price of \$22.4775 per share for 20 consecutive days.

3. The award vests upon registrant's common stock achieving a market price of \$20.4775 per share for 20 consecutive days.

4. The award vests upon registrant's common stock achieving a market price of \$17.4775 per share for 20 consecutive days.

/s/ Gordon M. Bethune by 04/16/2004 Kristin Becnel

** 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.