## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Expires: January 31, 2005 Estimated average burden hours per

Check this box if no longer subject to Section 16. Form 4 or See instruction 1(b). (Print or Type Responses)

Form 5 obligations may continue. Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of response ..... 0.5 the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Thin of Type Responses)			0	ompany 1	100 01 10 10								
<ol> <li>Name and Address of Reporting Person</li> <li>McCormick, Richard D.</li> </ol>	2. Issuer Na UAL Corpo			ling Syml	ool	<ul> <li>6. Relationship of Reporting Person(s) to Issuer (Check all applicable)</li> <li><u>X</u> Director <u>10</u> Percent Owner</li> <li>Officer (give title below) <u>Other</u> (specify below)</li> </ul>							
McConnick, Menard D.							Officer	(give title belov	v) <u>Uner (sp</u>	ecity below)			
(Last)(First) (Middle) US West, Inc. 3200 Cherry Creek So. Dr.,	3. IRS Ident Reporting P (Voluntary)			4. Statem Month/D		03							
(Street)				5. If Ame	endment, I	Date of	7. Individual or Joint/Group Filing (Check Applicable Line)						
Denver, CO 80209				Original	(Month/Da	ay/Year)	<u>X</u> Form Filed by One Reporting Person Form filed by More than One Reporting Person						
(City)(State) (Zip)		Т	able I - No	n-Derivat	ive Securit	ies Acqu	uired, Disposed of, or Beneficially Owned						
1. Title of Security (Instr. 3)	2. Transaction Date (Month /	2A. Deemed Execution Date, if	3. Transac Code (Inst		4. Securities Acqu Disposed of (D) (I				Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership			
	Day / Year)	any (Month / Day / Year)	Code	v	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)			
Common Stock, \$.01 par value	nmon Stock, \$.01 par value 01/02/03 A		А	V	400.0000	А	\$1.38	31,586.5176	D				

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).

> Persons who respond to the collection of information contained in (Over) this form are not required to respond unless the form displays a SEC 1474 (9-02) currently valid OMB control number.

## FORM 4 (continued)

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

1. Title of	2.	3.	3a.	4.		5. Number		6. Date Exer	7. Tit	tle and	8. Price of	9. Number of	10.	11. Nature	
Derivative	Conversion	Transaction	Deemed	Transaction		of						Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	Date	Execution	Code (Instr.		Derivative		(Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of	(Month /	Date, if	8)		Securities				Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative	Day /	any			Acquired				(Instr. 3 and			Owned	Security:	(Instr. 4)
	Security	Year)	(Month /		(A) or				4)			0	Direct (D)		
			Day /			-	osed of						1	or Indirect	
			Year)			· /	(Instr.					Transaction(s)	(I) (Instr.		
						3, 4,	and 5)					(Instr. 4)	4)		
											Amount				
				1				Date	Expiration		or				
				Code	V	(A)	(D) (D) Exercisable		Date	or Title Number					
									Dute		of				
											Shares				
1		I	I	I		I		I I		1	I				

Explanation of R	Explanation of Responses:														
** Intentional misstatements or omissions of facts constitute Federal															
Criminal Violations.															
<u>/s/ Sal Lele</u>													01/06/03		
See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).															
Note: File three of signed. If space p	**	Signature Richa	-	orting Pe ⁄IcCormi			Date								
Potential persons	s who are to respo	nd to the col	lection	of info	rmati	on									

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.