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

(The of Type Responses)				1 5									
1. Name and Address of Reporting Person				ling Syml	ool		6. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Ford, W. Douglas	UAL Corpo	ration (UA	L)			<u>X</u> Director <u>10</u> Percent Owner Officer (give title below) <u>Other</u> (specify below)							
(Last)(First) (Middle)	3. IRS Ident Reporting P			4. Staterr Month/D									
UAL Corporation-WHQLD P.O. Box 66100	(Voluntary)				11/11/02								
(Street) Chicago, IL 60666				endment, I (Month/Da		 7. Individual or Joint/Group Filing (Check Applicable Line) <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	ired, Disposed of, or Beneficially Owned						
1. Title of Security (Instr. 3)	2. Transaction Date (Month / Day / Year)	2A. Deemed Execution Date, if	3. Transac Code (Inst		4. Securities Acqu Disposed of (D) (I			Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
		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	non Stock, \$.01 par value 11/11/02 A						\$3.60	8,230.0597	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 this form are not required to respond unless the form displays a currently valid OMB control number.

(Over) SEC 1474 (9-02)

FORM 4 (continued)

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

(<i>e.g.</i> , puts, calls, warrants, options, conv												Die securitie	es)		
1. Title of	2.	3.	3a.	4. 5. N		5. Number		6. Date Exe	7. Title and		8. Price of	9. Number of	10.	11. Nature	
Derivative	Conversion	Transaction	Deemed	Transaction		of		and Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	Date	Execution	Code	Code (Instr.		ivative	(Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of	(Month /	Date, if	8)		Securities				Securities		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative	Day /	any	Acquired				(Instr. 3 and			Owned	Security:	(Instr. 4)		
	Security	Year)	(Month /			(A) or				4)			Following	Direct (D)	
			Day /	Disposed of			1 1			Reported	or Indirect				
			Year)	(D) (Instr.						Transaction(s)	(I) (Instr.				
					3, 4, and 5)						(Instr. 4)	4)			
										Amount					
								D.	г · .·		or				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Number				
								Exercisable	Date		of				
											Shares				

I	Explanation of Responses:																
:	** Intentional misstatements or omissions of facts constitute Federal																
(Criminal Violations.																
	<u>/s/ Sal Lele</u>														<u>11/13/02</u>		
	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 provided is insufficient, <i>see</i> Instruction 6 for procedure.									** Signature of Reporting Person for W. Douglas Ford					Date		
]	Potential pe	ersons who	are to respon	d to the col	lection	of infor	matio	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.