FORM 4

UNITED STATES

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
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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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See
conditions of Rule 1005-1(c). See

msuuc																		
1. Name and Address of Reporting Person* Friend Matthew					2. Issuer Name and Ticker or Trading Symbol United Airlines Holdings, Inc. [UAL]							(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
THEIR Matthew													✓ Director			10% Ow	ner	
(Last)	(F X 66100 HI	,	(Middle)		. Date o		ransa	action (Month/Day/Year)					Officer (give title below)			Other (specification)	pecify	
					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)					. 11 / 1110	mament, D	atc of	Originari	o (ivio	Ontin Day	/ Icai j	Line		ointi Oroup i	ı ııııg	(опсок дрр	licabic	
CHICAC	GO II		60666								[Form filed by One Reporting Person						
													Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)															
		Tal	ble I - Non-l	Derivati	ve Se	curities	Acc	uired, Di	ispo	sed of	, or Ben	eficially	/ Owned					
1. Title of S	Security (Inst	r. 3)	D	. Transacti Date Month/Day	Year)	2A. Deemed Execution I if any (Month/Day	Date,	3. Transaction Code (Ins	on D	isposed (es Acquire Of (D) (Inst		5. Amoun Securities Beneficia Owned Fo	Form (D) o ollowing (I) (In		Direct II Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership	
								Code V	A	mount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)		,	Instr. 4)	
			Table II - Do					,	•	,		•	Owned					
			(e	.g., put	s, call	s, warra	ints,	options,	con	nvertib	le secui	rities)						
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/Yea	Code	action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title an of Securit Underlyin Derivative (Instr. 3 an	es g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V (A)		(A)	(D)	Date Expiration Exercisable Date			Amou or Numb of Title Share			(Instr. 4)					
Share Units	(1)	12/31/2024		A		398.91 ⁽²⁾		(3)		(3)	Common Stock 398.9		\$0	8,839.45		D		

Explanation of Responses:

- 1. The share units convert to shares of common stock on a 1-for-1 basis.
- 2. Represents 2024 quarterly retainer fees that the Reporting Person elected to defer into a share account pursuant to the terms of the Company's 2006 Director Equity Incentive Plan ("DEIP").
- 3. The shares units will be settled in common stock following the Reporting Person's separation from service in accordance with the terms of the DEIP.

Remarks:

/s/ James Cotton for Matthew

Friend

** Signature of Reporting Person Date

01/03/2025

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.