FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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OMB APPROVAL							
OMB Number: 3235-028							
Estimated average burden							
houre por roeponeo:	0.5						

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

1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol United Continental Holdings, Inc. [UAL]								Relationship of Reporting Person(s) to Issuer (Check all applicable)							
ISAACSON WALTER			-								•	X	Director	r		10% Ov	ner		
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/30/2017					1	Officer (below)	(give title		Other (s below)	pecify				
P. O. BOX 66100 HDQLD			- 1	00/30/2017															
1. 3. 23.1 30100 IID QDD					4. If Amendment, Date of Original Filed (Month/Day/Year)							6 Inc	6. Individual or Joint/Group Filing (Check Applicable						
(Street)					4. II Amendment, Date of Original Filed (Month/Day/Year)								Line)						
CHICAG	ю п		60666										X	Form fil	led by One	Repo	rting Persor	ı	
		-											Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transact					<u> </u>						\) or	5. Amoun	t of 6. Ownership		nershin	7. Nature of			
Date					Execution Date,		Transaction Disposed Of (D) (Instr. 3, 4 a Code (Instr. 5)				Securities Beneficia Owned Fo	Form (D) or		n: Direct I r Indirect I	Indirect Beneficial Ownership				
				1 97				(A) or			Reported Transacti	, , ,			(Instr. 4)				
					Code V Amount (A) or (D)						Price	(Instr. 3 a							
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
			(е	.g., put	s, cal	ls, warra	nts,	option	s, c	onvertib	le sec	uriti	es)						
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)	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 and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
												A	mount r		(Instr. 4)	`			
								Date		Expiration			umber						
				Code	V	(A)	(D)	Exercisal		Date	Title	SI	hares						
Share Units	(1)	06/30/2017		A		404.53 ⁽²⁾		(3)		(3)	Commo Stock	ⁿ 4	04.53	(2)	921.6	9	D		

Explanation of Responses:

- 1. The share units convert to shares of common stock on a 1-for-1 basis.
- 2. Represents 2017 quarterly retainer and meeting 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/ Jennifer L. Kraft for Walter <u>Isaacson</u>

<u>er</u> <u>07/05/2017</u>

** 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.