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(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person	2. Issuer Na UAL Corpo			ding Syml	ool	6. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
	<u>X</u> Director <u>10</u> Percent Owner												
Ford, W. Douglas						Officer (give title below) Other (specify below)							
(Last)(First) (Middle)	IRS Ident	ification N	umber of	4. Statem	ent for								
	Reporting P	erson, if an	entity	Month/D	ay/Year								
UAL Corporation-WHQLD	(Voluntary)												
P.O. Box 66100			10/24/02										
(Street)			5. If Ame	endment, I	Date of	7. Individual or Joint/Group Filing (Check Applicable Line)							
Chicago, IL 60666				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)	ties Acqu	ired, Disposed of, or Beneficially Owned											
1. Title of Security (Instr. 3)	2.	2A.	Transac	tion 4. Securities Acqui			ired (A) or	5. Amount of	6. Ownership	7. Nature of			
	Transaction	Execution Date, if	Code (Ins	tr. 8)		-	nstr. 3, 4 and 5)	Securities	-	Indirect Beneficial Ownership (Instr. 4)			
	Date			,	-			Beneficially					
	(Month / Day / Year)												
			Code		Amount								
						(A) or							
		Day /		V		(D)	Price	Transaction(s)					
		Year)						(Instr. 3 and 4)					
Common Stock, \$.01 par value	10/24/02		А	V	370.3704	А	\$2.43	6,150.7914	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. N	umber	6. Date Exer	ciseable	7. Tit	tle and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Transaction	Deemed	Transaction		of		and Expiration Date				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) 5		Securities				Securities (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				
								Date	Expiration Date	or Title Numbe of	or				
				Code	V	(A)	(D)	Exercisable			Number				
											-				
											Shares				
1		I	I	I		I		I I		1	I				

Explanation of Responses:																
** Intentional misstatements or omissions of facts constitute Federal																
Criminal Violations.																
<u>/s/ Sal Lele</u>													<u>10/25/02</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 persons who are to respond to the collection of information																

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.