FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIF	STATEMENT	OF	CHANGES	IN	BENEFICIAL	OWNERSHIP
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OMB APPROVAL									
OMB Number: 3235-0287									
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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

1. Name and Address of Reporting Person* SHAPIRO EDWARD					2. Issuer Name and Ticker or Trading Symbol United Airlines Holdings, Inc. [UAL]								elationship o ck all applic Director	able)	g Pers	on(s) to Issu 10% Ow		
(Last)	`	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/31/2023						Officer below)	(give title		Other (s below)	pecify		
P. O. BOX 66100 HDQLD				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)						
(Street))		,		rting Persor One Repor	- 1
CHICAC	O II	4	60666											Person		e man	One Repor	ing
(City)	(S	tate)	(Zip)		R	Rule 10b5-1(c) Transaction Indication												
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Trans Date (Month/				action 2A. Deemed Execution Date, if any (Month/Day/Year)		Date,	Transaction Disposed (Code (Instr. 5)		es Acquired (A) or Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following Reported		Form	: Direct I · Indirect I str. 4) (7. Nature of ndirect Beneficial Ownership			
				Code V Amount (A) or P				Price	Transaction(s) (Instr. 3 and 4)				Instr. 4)					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3) 2. Conversion Date (Month/Day/Year) 2. Conversion Date (Month/Day/Year) 2. Conversion Date (Month/Day/Year) 3. Transaction Date Execution Date if any (Month/Day/Year)		ate, T	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s	e s illy g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				c	Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)			
Share Units	(1)	03/31/2023			A		780.72 ⁽²⁾		(3)		(3)	Common Stock	780.72	\$0	14,153	.71	D	

Explanation of Responses:

- 1. The share units convert to shares of common stock on a 1-for-1 basis.
- 2. Represents 2023 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/ Sarah Hagy for Edward 04/04/2023 **Shapiro**

** 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.