FORM 4

UNITED STA ٧

ИС

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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 Instruction 10.

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]						(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
SHALIKO EDWAKD									-	-	1	Directo	r	10% O	vner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 09/30/2024							Officer below)	(give title	Other (sbelow)	specify	
P. O. BOX 66100 HDOLD					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
					If Amendment, Date of Original Filed (Month/Day/Year)						6 In	6. Individual or Joint/Group Filing (Check Applicable				
(Charat)						4. II Amendment, Date of Original Filed (Month/Day/Teal)						Line)				
(Street)	'O II		60666								Į.	Form fi	led by One Re	eporting Perso	n	
CHICAGO IL 60666												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. Transac					ction 2A. Deemed 3. 4. Securities Acquired (A)							5. Amoun		6. Ownership 7. Nati		
Date (Month/D					ay/Year) Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 5) 8)			. 3, 4 and	Securities Beneficia Owned Fe	lly (D ollowing (I)) or Indirect	Indirect Beneficial Ownership		
								Code V	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)		(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 or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	ate, Transa Code (I				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)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	-,		
Share Units	(1)	09/30/2024		A		695.05 ⁽²⁾		(3)	(3)	Common Stock	695.05	\$0	18,723.7	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 share 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 Edward

10/02/2024

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.