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

See instruction 1(b). (Print or Type Responses)

Check this box if no longer

subject to Section 16. Form 4 or

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

| Name and Address of Reporting Person O'Connor, James J. | 2. Issuer Na UAL Corpo | | | ding Sym | bol | 6. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10 Percent Owner Officer (give title below) Other (specify below) | | | | | | |
|---|--|-----------------------------------|-------------------------|----------------------|---|--|---|---|---|--|--|--|
| (Last)(First) (Middle) Unicom Corporation 77 W. Wacker Drive, Suite 4130 | 3. IRS Ident Reporting P (Voluntary) | | | 4. Staten Month/D | | | | | | | | |
| (Street) Chicago, IL 60601 | | | | | endment, Day (Month/Day | | 7. Individual or Joint/Group Filing (Check Applicable Line) _X_ Form Filed by One Reporting Person _ Form filed by More than One Reporting Person | | | | | |
| (City)(State) (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month / | - | 3. Transac Code (Ins | | 4. Securities Acquire Disposed of (D) (Ins | | | Securities Beneficially | F | 7. Nature of Indirect Beneficial Ownership | | |
| | Day / Year) | any (Month / Day / Year) | Code | V | Amount | (A) or (D) | Price | Following Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | |
| Common Stock, \$.01 par value | 12/08/02 | | A | V | 1,000.0000 | A | \$.90 | 23,339.1750 | D | | | |
| | | | | | | | | | | | | |
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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 this form are not required to respond unless the form displays a currently valid OMB control number.

(Over) SEC 1474 (9-02)

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. Number | | 6. Date Exerciseable | | 7 Tit | tle and | 8 Price of | 9. Number of | 10 | 11. Nature | |
|-------------|-------------|-------------|----------|----------|--------------|------------|----------------------|---------------------|--------------------|--------------------|------------|--------------|----------------|-------------|------------|
| | Conversion | Transaction | | | | | | and Expiration Date | | | | | | Ownership | |
| | | | | | | | | · · | | | | | | · · | |
| , | or Exercise | | | | Code (Instr. | | ivative | (Month/Day/Year) | | , , | | , | | | Beneficial |
| (Instr. 3) | Price of | (Month / | Date, if | 8) S | | Securities | | | | Securities (Instr. | | (Instr. 5) | Beneficially | Derivative | Ownership |
| | Derivative | Day / | any | Acquired | | | | (Instr. 3 and | | | Owned | Security: | (Instr. 4) | | |
| | Security | Year) | (Month / | (A) or | | | | | 4) | | | Following | Direct (D) | | |
| | | | Day / | | Disposed of | | | | | | | | Reported | or Indirect | |
| | | | Year) | | | (D) | (Instr. | | | | | | Transaction(s) | (I) (Instr. | |
| | | | | | | 3, 4, | , and 5) | | | | | | (Instr. 4) | 4) | |
| | | | | | | | | | | | Amount | 1 | | | |
| | | | | | | | | l _ | | | or | | | | |
| | | | | Code | V | (A) | (D) | Date | Expiration Date | Title | Number | | | | |
| | | | | Code | • | (21) | (D) | Exercisable | Date | Titic | of | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Shares | | | | |
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|--|--|--|--|--|--|--|----------|
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Explanation of Responses:

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations.

<u>/s/ Sal Lele</u> <u>12/10/02</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, *see* Instruction 6 for procedure.

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.

** Signature of Reporting Person for James J. O'Connor

Date