Foland Jeffrey T. Form 4 April 05, 2011

## FORM 4

#### OMB APPROVAL

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

Check this box if no longer subject to Section 16. Form 4 or Expires: January 31, 2005

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

04/01/2011

04/01/2011

Stock

Stock

Common

	1. Name and A Foland Jeffre	ddress of Reporting Fey T.	Symbol United	2. Issuer Name and Ticker or Trading Symbol United Continental Holdings, Inc. [UAL]				5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
	(Last) P.O. BOX 6	(First) (M	(Month/	3. Date of Earliest Transaction (Month/Day/Year) 04/01/2011				Director 10% Owner Selection Other (specify below)  EVP - President, Mileage Plus			
		(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
CHICAGO, IL 60666								Form filed by More than One Reporting Person			
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										ly Owned	
	1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code	4. Securitor(A) or Di (Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
	Common	04/01/2011		M	3 120	Δ	\$ O (1)	1/1 870	D		

3,120

3,120

Α

D

\$

(1)

22.99

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

M

D

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.

SEC 1474

(9-02)

D

D

\$ 0 (1) 14,879

11,759

#### Edgar Filing: Foland Jeffrey T. - Form 4

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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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)	4. Transacti Code (Instr. 8)	5. Number ction Derivative Securities 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Stock Units	\$ 0 (1)	04/01/2011		M		3,120	04/01/2011	(2)	Common Stock	3,120

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Foland Jeffrey T. P.O. BOX 66100 - HDQLD CHICAGO, IL 60666

EVP - President, Mileage Plus

### **Signatures**

/s/ Lydia J. Mathas for Jeffrey T.

Foland 04/05/2011

\*\*Signature of Reporting Person Date

### **Explanation of Responses:**

- \* 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).
- Reflects the vesting and settlement of restricted stock units. Each restricted stock unit represented the economic equivalent of one share of common stock and was settled in cash upon vesting at the sole discretion of the Compensation Committee of the United Continental Holdings, Inc. Board of Directors.
- (2) On April 1, 2011, one third of the resticted stock units granted on May 5, 2010 vested.

Note: File three copies of this Form, one of which must be manually signed. If space 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.

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