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MCDONAL	D PETER D											
Form 4												
March 14, 20	012											
FORM 4 UNITED STATES SECURITIES AND EX						CIL			OMB APPROVAL			
	RITIES AND EXCHANGE CO shington, D.C. 20549				OMMISSION	OMB Number:	3235-0287					
Check this box				0 /					Expires: January 31			
Section 16.				NGES IN BENEFICIAL OWN SECURITIES				ERSHIP OF	Estimated average burden hours per			
Form 4 orresponseForm 5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,obligationsSection 17(a) of the Public Utility Holding Company Act of 1935 or Sectionsee Instruction30(h) of the Investment Company Act of 1940							0.5					
(Print or Type]	Responses)											
1. Name and Address of Reporting Person * 2. Issue MCDONALD PETER D Symbol								5. Relationship of Reporting Person(s) to Issuer				
			United [UAL]	d Continental Holdings, Inc.] (Che					ck all applicable)			
(Last) P.O. BOX 6	(First) 66100 - HDQLD	(Middle)		f Earliest Tr Day/Year) .012	ransaction			Director X Officer (give t below) Exec		Owner r (specify		
							6. Individual or Joint/Group Filing(Check Applicable Line)					
CHICAGO,	, IL 60666		T neu(iwo	nui/Day/Tea	,			_X_ Form filed by Or Form filed by Mo Person				
(City)	(State)	(Zip)				a						
(eng)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secu	rities Acqu	ired, Disposed of,	or Beneficial	ly Owned		
(Instr. 3)			Date, if	3.4. Securities Acquired (ATransactionor Disposed of (D)Code(Instr. 3, 4 and 5)(Instr. 8)				5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
Common Stock	03/13/2012			S	4,346	D	\$ 19.7708 (1)	38,231	D			

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

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.

 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)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Title Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
MCDONALD PETER D P.O. BOX 66100 - HDQLD CHICAGO, IL 60666			Exec VP and COO					
Signatures								
/s/ Jennifer L. Kraft for Peter D McDonald).	03/						
**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).

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$19.77 to \$19.7725, inclusive. The reporting person undertakes to provide to United Continental Holdings, Inc., any security holder of United

(1) O \$19.7725, inclusive. The reporting person undertakes to provide to onned Commentar Frontings, inc., any security notice of onned commentar Frontings, inc., any security note of onned commentar Frontings, inc., any security note of onned commentar Frontings, inc., any security note of onned commentar Frontings, inc., and security note of onned commentar Frontings, inc., and security note of onned commentar Frontings, inc., and security not onned commentar Frontings, inc.,

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.