FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
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).

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* ISAACSON WALTER]	2. Issuer Name and Ticker or Trading Symbol United Airlines Holdings, Inc. [UAL] 3. Date of Earliest Transaction (Month/Day/Year)						ck all application	able) r	g Pers	on(s) to Issu	ner		
(Last)	`	irst)	(Middle)		06/30/2		ransa	action (Month	Day/Year)			Officer below)	(give title		Other (s below)	pecify
P. O. BOX 66100 HDQLD			[-	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)											V	Form fi	led by One	Repo	rting Person	·
CHICAC	O II	_	60666									Form fil Person		e than	One Report	ing
(City)	(S	tate)	(Zip)		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 s the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							o satisfy				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date			2. Transact Date (Month/Day	Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		I (A) or : 3, 4 and	5. Amoun Securities Beneficia Owned Fo Reported	s Form ally (D) o ollowing (I) (In		: Direct I r Indirect I str. 4)	7. Nature of ndirect Beneficial Dwnership Instr. 4)			
							Code V	Amount	(A) or (D)	Price	Transacti (Instr. 3 a	on(s)			msu. 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)	Code	saction (Instr.	5. Number of Derivative Securities 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 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	10. 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)	06/30/2024		A		825.59 ⁽²⁾		(3)	(3)	Common Stock	825.59	\$0	18,851.	.46	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 Walter <u>Isaacson</u> 07/02/2024

** 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.