Edgar Filing: Foland Jeffrey T. - Form 4

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| Form 4 | • | | | | | | | | | | |
|---|---|--|---|--|------------|-------|-------------|--|---|---|--|
| February 27, FORM | 4 UNITED | UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | OMB APPROVAL OMB 3235-028 Number: | |
| Check thi if no long subject to Section 10 Form 4 or Form 5 obligatior may conti <i>See</i> Instru 1(b). | er STATE 6. Filed pu ¹⁸ Section 17 | rsuant to S (a) of the l | OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES • Section 16(a) of the Securities Exchange Act of 1934, e Public Utility Holding Company Act of 1935 or Section •) of the Investment Company Act of 1940 | | | | | | January 31, 2005Expires:2005Estimated average burden hours per response0.5 | | |
| (Print or Type R | lesponses) | | | | | | | | | | |
| Foland Jeffrey T. Symbol United | | | Symbol | er Name and Ticker or Trading Continental Holdings, Inc. | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Mont | | | | e of Earliest Transaction h/Day/Year) 5/2013 | | | | Director 10% Owner X Officer (give title 0ther (specify below) below) EVP-Mktg, Tech and Strgy | | | |
| | | | | mendment, Date Original /lonth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| CHICAGO, | IL 60666 | | | | | | | Form filed by M Person | lore than One Re | porting | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Dat (Month/Day/Year) | | n Date, if | 3. Transactio Code (Instr. 8) Code V | (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 Stock | 02/25/2013 | | | F <u>(1)</u> | 730 | D | \$ 26.29 | 46,024 | 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)

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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. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | ınt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-------|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships s | | | | | | | |
|--|--------------------|-----------|---------------|-------------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Foland Jeffrey T. P.O. BOX 66100 - HDQLD CHICAGO, IL 60666 | | | EVP-Mktg, Tec | h and Strgy | | | | |
| Signatures | | | | | | | | |
| /s/ Jennifer L. Kraft for Jeffrey Foland | Τ. | 02/27 | /2013 | | | | | |
| <u>**</u> Signature of Reporting Person | | Da | te | | | | | |

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).
- (1) This transaction represents the withholding of shares to pay tax withholding obligations associated with the vesting of the restricted stock award granted on February 25, 2011. This award vests in three equal annual installments.

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.