Edgar Filing: FARRELL W JAMES - Form 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FARRELL W JAMES Form 4

January 03, 2003

FORM 4

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See instruction 1(b). (Print or Type Responses) | STATEM Filed pursuant to 17(a) of the Publi | c Utility Ho | (a) of the Solding Con | Securitien pany A | es Exchang | e Act of or Section | 1934, S | Estima Section per resp | s: January 31 ted average b ponse 0.5 | urden hou | |
|---|---|--|---------------------------------|-------------------|---|------------------------|---|--|---|---|--|
| 1. Name and Address of Repo Person Farrell, W. James | Orting 2. Issuer Nar UAL Corpor | | | ing Syn | 6. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X Director 10 Percent Owner Officer (give title below) Other (specify below) | | | | | | |
| Reporting Person, if an entity (Voluntary) 3600 West Lake Ave. | | | | | | | 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 - N | on-Deriva | tive Sec | curities Ac | quired, D | isposeo | d of, or Benefici | ially Owned | | |
| 1. Title of Security (Instr. 3) | (Month / | 2A. Deemed Execution Date, if any (Month / Day / Year) | 3. Transac Code (Ins Code | | 4. Securit (A) or Dis (Instr. 3, 4) | sposed of | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |

189.0000 A

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

12/31/02

Common Stock, \$.01 par value

Persons who respond to the collection of information (Over) contained in this form are not required to respond unless the form displays a currently valid OMB control number. (9-02)

\$1.34

14,040.6719

OMB APPROVAL

OMB Number: 3235-0287

^{*}If the form is filed by more than one reporting person, see Instruction 4(b)(v).

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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. | | 6. Date Exerciseable | | 7. Title and | | 8. Price of | 9. Number of | 10. | 11. Nature |
|-------------|-------------|-------------|-----------|---------|-----|--------|-------|----------------------|--------------------|---------------|------------|-------------|----------------|----------------|------------|
| Derivative | Conversion | Transaction | Deemed | Trans | act | Noun | nber | and Expiration | Amount of | | Derivative | Derivative | Ownership | of Indirect | |
| Security | or Exercise | Date | Execution | Code | | of | | (Month/Day/Year) | | Underlying | | Security | Securities | Form of | Beneficial |
| (Instr. 3) | Price of | (Month / | Date, if | (Instr. | | Der | ivati | · · | | Securities | | (Instr. 5) | Beneficially | Derivative | Ownershi |
| | Derivative | Day / Year) | any | 8) | | Seci | uriti | S | | (Instr. 3 and | | | Owned | Security: | (Instr. 4) |
| | Security | | (Month / | | | Acq | uire | i | | 4) | | | Following | Direct (D) | |
| | | | Day / | | | (A) | or | | | | | | Reported | or Indirect | |
| | | | Year) | | | Disp | ose | 1 | | | | | Transaction(s) | (I) (Instr. 4) | |
| | | | | | | of (l | D) | | | | | (Instr. 4) | | | |
| | | | | | | (Ins | tr. | | | | | | | | |
| | | | | | | 3, 4, | , | | | | | | | | |
| | | | | | | and 5) | | | | | | | | | |
| | | | | | | | | | | | Amount | | | | |
| | | | | | | | | Date | Evniration | | or | | | | |
| | | | | Code | V | (A) | (D) | Exercisable | Expiration Date | Title | Number | | | | |
| | | | | | | | | Exercisable | Date | | of | | | | |
| | | | | | | | | | | | Shares | | | | |
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Explanation of Responses:

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 W. James Farrell

/s/ Sal Lele

Date

1/03/03

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