Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Washington,	D.C. 20)549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response: 0								

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	Ta	hlo II - I	Derivati												
ck			05/15/2	2024			A		2,413(1)	A	\$0	\$0 10,744		D	
			(,		Code	v	Amount	(A) or (D)	Price	Report Transa		,,,,,,,	(Instr. 4)		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)		Execution Date,		3. Transaction Code (Instr. 3, 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		d (A) or r. 3, 4 ar	Benefi	ties	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
	Table	I - Non	ı-Deriva	tive S	ecur	ities Acq	uired,	Disp	osed of,	or Ben	eficia	ally Own	ed		
(City) (State) (Zip)					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										
,				Rule 10b5-1(c) Transaction Indication											
LE SC	2	9601										Form Perso		re than One Re	porting
200 EAST CAMPERDOWN WAY			4. If Amendment, Date of Original Filed (Month/Day/Year)					Lin	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Last) (First) (Middle) C/O UNITED COMMUNITY BANKS, INC.				3. Date of Earliest Transaction (Month/Day/Year) 05/15/2024											
<u>CELWENTS JAMES I</u>				UCBI]									Owner (specify		
1. Name and Address of Reporting Person* CLEMENTS JAMES P			2. Issuer Name and Ticker or Trading Symbol UNITED COMMUNITY BANKS INC						neck all app	k all applicable)					
TS	(Fir	(First) (COMMUNITY BAN	(First) (Middle)	(First) (Middle) COMMUNITY BANKS, INC.	(First) (Middle) COMMUNITY BANKS, INC.	UNITEI UCBI] (First) (Middle) COMMUNITY BANKS, INC.	(First) (Middle) COMMUNITY BANKS, INC. UNITED COMMUNITY DESCRIPTION OF THE PROPERTY OF THE P	UNITED COMMUNITUCBI] (First) (Middle) COMMUNITY BANKS, INC. UNITED COMMUNITUCBI] 3. Date of Earliest Transaction (No. 05/15/2024	(First) (Middle) COMMUNITY BANKS, INC. UNITED COMMUNITY I UCBI] 3. Date of Earliest Transaction (Month/05/15/2024	UNITED COMMUNITY BANKS UCBI] (First) (Middle) COMMUNITY BANKS, INC. UNITED COMMUNITY BANKS UCBI] 3. Date of Earliest Transaction (Month/Day/Year) 05/15/2024	UNITED COMMUNITY BANKS INC [UCBI] (First) (Middle) COMMUNITY BANKS, INC. UNITED COMMUNITY BANKS INC [UCBI] 3. Date of Earliest Transaction (Month/Day/Year) 05/15/2024	UNITED COMMUNITY BANKS INC [(First) (Middle) COMMUNITY BANKS, INC. UNITED COMMUNITY BANKS INC [(Change of Earliest Transaction (Month/Day/Year) 05/15/2024	UNITED COMMUNITY BANKS INC [UCBI] (First) (Middle) COMMUNITY BANKS, INC. UNITED COMMUNITY BANKS INC [UCBI] 3. Date of Earliest Transaction (Month/Day/Year) 05/15/2024 UNITED COMMUNITY BANKS INC [(Check all application of Community Banks in Community	UNITED COMMUNITY BANKS INC [UNITED COMMUNITY BANKS INC [UCBI] (First) (Middle) COMMUNITY BANKS, INC. UNITED COMMUNITY BANKS INC [UNITED COMMUNITY BANKS IN	UNITED COMMUNITY BANKS INC [(Check all applicable) X Director 10% COMMUNITY BANKS, INC. (Check all applicable) X Director 10% COMMUNITY BANKS, INC.

Date

Exercisable

Expiration

Title

Explanation of Responses:

1. Reflects grant of time-based restricted stock units, which vest the day before the Issuer's next annual meeting of shareholders

Remarks:

/s/ Melinda Davis Lux, 05/16/2024 Attorney in Fact

Amount or Number

** 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).

Code ٧ (A) (D)

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.