| Form 3<br>May 10, 2018   |   |  |  |  |  |                               |  |
|--|---|--|--|--|--|-------------------------------|--|
|  | TES SECURITIES AND EXCHANGE COMMISSION<br>Washington, D.C. 20549  |  |  | OMB APPROVAL<br>OMB 3235-0104              |  |                               |  |
| Filed pursuant<br>Section 17(a) of t                                       | TATEMENT OF BEN<br>SECURIT<br>to Section 16(a) of the S<br>the Public Utility Holdin<br>)(h) of the Investment Co | CIES<br>Securities Ex<br>og Company        | xchange Ac<br>Act of 193   | t of 1934,                                 | Number:<br>Expires:<br>Estimated a<br>burden hour<br>response<br>n | January 31,<br>2005<br>verage |  |
| (Print or Type Responses)  |   |  |  |  |  |                               |  |
| 1. Name and Address of Reporting<br>Person <u>*</u><br>Kelly Terri L.      | <b>C</b> ( )  | 3. Issuer Nam<br>UNITED R                  |  |  |  |                               |  |
| (Last) (First) (Middle)<br>C/O UNITED RENTALS,<br>INC., 100 FIRST STAMFORD |   |  |  |  | Amendment, Date Original<br>d(Month/Day/Year)                      |                               |  |
| PLACE, SUITE 700<br>(Street)   |   | X Director<br>Officer<br>(give title below | 10%<br>Othe  | Owner<br>r 6. Inc<br><sup>ow)</sup> Filing | lividual or Join<br>g(Check Applicat<br>Form filed by One          | ole Line)                     |  |
| STAMFORD, CT 06902   |   |  |  | F  | form filed by Mor<br>ting Person                                   | e than One                    |  |
| (City) (State) (Zip)   | Table I - N   | on-Derivat                                 | ive Securit  | ies Benefic                                | ially Owned  |                               |  |
| 1.Title of Security<br>(Instr. 4)  | 2. Amount of<br>Beneficially (<br>(Instr. 4)  |  | 3.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 5) | 4. Nature of<br>Ownership<br>(Instr. 5)    | Indirect Benefi  | cial                          |  |

No Securities Owned

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.

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#### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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D

SEC 1473 (7-02)

| 1. Title of Derivative Security | 2. Date Exercisable and | 3. Title and Amount of | 4.          | 5.         | 6. Nature of Indirect |
|---------------------------------|-------------------------|------------------------|-------------|------------|-----------------------|
| (Instr. 4)                      | Expiration Date         | Securities Underlying  | Conversion  | Ownership  | Beneficial Ownership  |
|                                 | (Month/Day/Year)        | Derivative Security    | or Exercise | Form of    | (Instr. 5)            |
|                                 |                         | (Instr. 4)             | Price of    | Derivative |                       |
|                                 |                         |                        | Derivative  | Security:  |                       |

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| Date        | Expiration | Title | Amount or | Security | Direct (D)  |
|-------------|------------|-------|-----------|----------|-------------|
| Exercisable | Date       |       | Number of |          | or Indirect |
|             |            |       | Shares    |          | (I)         |
|             |            |       |           |          | (Instr. 5)  |

# **Reporting Owners**

| <b>Reporting Owner Name / Address</b>  |            | Relationships |           |         |       |  |
|--|------------|---------------|-----------|---------|-------|--|
|  |            | Director      | 10% Owner | Officer | Other |  |
| Kelly Terri L.<br>C/O UNITED RENTALS, INC.<br>100 FIRST STAMFORD PLACE, SUIT<br>STAMFORD, CT 06902 | Е 700      | ÂX            | Â         | Â       | Â     |  |
| Signatures   |            |               |           |         |       |  |
| /s/ Alison M. Walsh,<br>Attorney-in-fact   | 05/10/2018 |               |           |         |       |  |
| **Signature of Reporting Person  | Date       | e             |           |         |       |  |
|  |            |               |           |         |       |  |

# **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 5(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).

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#### **Remarks:**

## Exhibit List Exhibit 24 - Power of Attorney

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.