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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subje | ect to |
|-----------------------------------|--------|
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL | | | | | | | | |
|------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burd | en | | | | | | | |

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|---|--------------------------|-----|
| | hours per response: | 0.5 |
| | Estimated average burden | |

| 1. Name and Address of Reporting Person [*] HEAD ROBERT L JR | | | 2. Issuer Name and Ticker or Trading Symbol <u>UNITED COMMUNITY BANKS INC</u> [| 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|-----------------------------|-------|---|--|-----------------------------|-------------------|--|--|--|
| | | | UCBI | | Director | 10% Owner | | | |
| - | | | | | Officer (give title | Other (specify | | | |
| (Last) P.O. BOX 147 | (First) (Middle) 3OX 147 | | 3. Date of Earliest Transaction (Month/Day/Year) 06/24/2004 | | below) | below) | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | idual or Joint/Group Filing | (Check Applicable | | | |
| BLAIRSVILLE | GA | 30514 | | X | Form filed by One Repo | rting Person | | | |
| P | | | | | Form filed by More than | One Reporting | | | |
| (City) | (State) | (Zip) | | | Person | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | Disposed Of (D) (Instr. 3, 4 and | | | 5. Amount of Securities Beneficially Owned Following Benorted | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|---|----------------------------------|---|-------------------|---|---|---|
| | | | Code | Code V Amount (A) or (D) Price Reported Transaction(s) (Instr. 3 and 4) | | | (1130.4) | | | |
| Common Stock | 06/24/2004 | | G | v | 6,000 | D | \$ <mark>0</mark> | 1,931,467 | D | |
| Common Stock | | | | | | | | 59,997 ⁽¹⁾ | Ι | Carol Head (Spouse) |

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) | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 | | Expiration Date Amount of (Month/Day/Year) Securities | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | ative Ownership ities Form: ficially Direct (D) d or Indirect wing (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
|---|---|--|---|------------------------------|---|---|----------|--|--------------------|---|--|---|--|--|--|
| | | | | Code | v | and 5 (A) | , (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Includes 59,997 shares owned by Mr. Head's spouse for which he claims beneficial ownership.

Remarks:

Robert L. Head, Jr.

06/24/2004

** 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.