FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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| Check this box if no longer subject | |
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| to Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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

| 1. Name and Address of Reporting Person* Terry Mark Aaron | | | | | | 2. Issuer Name and Ticker or Trading Symbol UNITED COMMUNITY BANKS INC UCBI | | | | | | | | | | o of Reportir licable) tor er (give title | | rson(s) to Is 10% Ov Other (s | wner | | |
|---|--|-------|---------|--------------------------------|----------------|---|-----------------|--|--------------------|-------|---|----------------------|--------------------|---|--|---|-----------|--|------------|--|--|
| (Last) (First) (Middle) C/O UNITED COMMUNITY BANKS, INC. PO BOX 398 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/04/2024 | | | | | | | | | | EVP, CHIEF INFORMATION OFFICE | | | | | |
| | | | | | 4. If <i>I</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) BLAIRSVILLE GA 30514 | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) (State) (Zip) | | | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | | |
| | | | | | | | | | | | action was mons of Rule 10 | | | | | uction or writt | ten plai | n that is inter | nded to | | |
| | | Table | I - Nor | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Ben | eficial | ly Own | ed | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Day/Year) if an | | Deemed ecution Date, ny onth/Day/Year) | | 3. 4. Securitie Transaction Code (Instr. 8) 5, | | | | | | Benefic Owned | ties cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) |) or) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common stock 01/04/ | | | | | 2024 | | | | A | | 2,627(1) | 1 | A \$0 | | 18,163 | | D | | | | |
| | | Tal | | | | | | | | | osed of, convertib | | | | Owne | d | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Executio Security or Exercise (Month/Day/Year) if any | | | Pate, Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | ; C S G (I | . Price of Perivative Pecurity Pecurity Pecurity | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownersh Form: Direct (D or Indirect (I) (Instr. | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Nur of | ount nber ires | | | | | | | | | |

Explanation of Responses:

1. Represents grant of restricted stock units which will vest at 25% on February 15, 2025, 2026, 2027, and 2028.

/s/ Melinda Davis Lux, as **Attorney in Fact**

01/05/2024

** 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.