FORM 4

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| STATEMENT | OF ( | CHANGES | IN RENE | FICΙΔΙ | OWNERS | ΗΙΡ |
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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             |     |  |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|--|
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| Estimated average burden |     |  |  |  |  |  |  |  |
| hours per response:      | 0.5 |  |  |  |  |  |  |  |

| 1. Name and Address of Reporting Person*  HARTON H LYNN  (Last) (First) (Middle)  C/O UNITED COMMUNITY BANKS, INC.  PO BOX 398                                                           |                                                                                                                                                                                                                                                                                                                                                       |         |                |                                                                                        | UI<br>UC<br>3. D | Issuer Name and Ticker or Trading Symbol     UNITED COMMUNITY BANKS INC [     UCBI ]      Date of Earliest Transaction (Month/Day/Year)     11/15/2018 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                   |                                                     |                        |                                              |                             |                                                                                                                                           | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner  X Officer (give title Other (specify below)  President & CEO |                                                                    |                                                   |                                        |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------|----------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------|----------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------|----------------------------------------|--|
| (Street) BLAIRS                                                                                                                                                                          | VILLE G                                                                                                                                                                                                                                                                                                                                               |         | 30514<br>(Zip) |                                                                                        | - 4. If          | 4. If Amendment, Date of Original Filed (Month/Day/Year)                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                   |                                                     |                        |                                              |                             | Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person |                                                                                                                                                             |                                                                    |                                                   |                                        |  |
| 1. Title of S                                                                                                                                                                            | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned  1. Title of Security (Instr. 3)  2. Transaction  3. |         |                |                                                                                        |                  |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                   |                                                     |                        |                                              |                             |                                                                                                                                           |                                                                                                                                                             |                                                                    |                                                   |                                        |  |
| Date                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                       |         |                |                                                                                        | Day/Yea          | ay/Year) Execution I<br>if any<br>(Month/Day                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,    | Code                                                                                              | Transaction Code (Instr. 8)  Disposed Of (D) (In 5) |                        | ) (Instr.                                    | 3, 4 aı                     | Be                                                                                                                                        | Securities Beneficially Owned Following Reported                                                                                                            |                                                                    | Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | of Indirect<br>Beneficial<br>Ownership |  |
|                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                       |         |                |                                                                                        |                  |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Code | v                                                                                                 | Amount                                              | (A) or<br>(D)          |                                              | Price                       | _   Tr                                                                                                                                    | Transaction(s)<br>(Instr. 3 and 4)                                                                                                                          |                                                                    |                                                   | (Instr. 4)                             |  |
| Common Stock 11/15                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                       |         |                |                                                                                        | 5/2018           | 2018                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | F    |                                                                                                   | 1,617(                                              | 7 <sup>(1)</sup> D \$2 |                                              | \$25                        | .68                                                                                                                                       | 225,119(2)                                                                                                                                                  |                                                                    | D                                                 |                                        |  |
|                                                                                                                                                                                          | 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 Date (Month/Day/Year) Fire of Derivative Security  3. Transaction Date Execution Date (Month/Day/Year) if any (Month/Day/Year) |                                                                                                                                                                                                                                                                                                                                                       | n Date, |                | ansaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |                  | Expiration                                                                                                                                             | Date Exercisable and piration Date portal part of the p |      | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |                                                     | ount                   | 8. Price<br>Derivati<br>Securit<br>(Instr. 5 | ve derivative<br>Securities | y O<br>D<br>O<br>(I)                                                                                                                      | 0.<br>wwnership<br>orm:<br>irect (D)<br>r Indirect<br>) (Instr. 4)                                                                                          | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                                                   |                                        |  |

## Explanation of Responses:

- 1. Reflects shares of United Community Banks, Inc. common stock withheld to satisfy tax obligations upon vesting of Restricted Stock Units.
- 2. Includes Restricted Stock Units and shares of United Community Banks, Inc. common stock issuable under its Deferred Compensation Plan.

## Remarks:

Rebecca J. Keith as Attorney in Fact 11/19/2018

\*\* 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.

KNOW ALL BY THESE PRESENTS, THAT THE UNDERSIGNED HEREBY CONSTITUTES AND APPOINTS (A) REBECCA J. KEITH; (B) JOANN BAILEY; (C) LORI MCKAY; AND (D) BRADLEY J. MILLER, SIGNING SINGLY, THE UNDERSIGNED'S TRUE AND LAWFUL ATTORNEY-IN-FACT TO:

- (1) Execute for and on behalf of the undersigned, in the undersigned's capacity as an officer and/or director of United Community Banks, Inc. (the "Company"), Forms 3, 4, and 5 in accordance with Section 16(a) of the Securities Exchange Act of 1934 and the rules thereunder;
- (2) Do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such Form 3, 4, or 5, complete and execute any amendment or amendments thereto, and timely file such form with the United States Securities and Exchange Commission and any stock exchange or similar authority; and
- (3) Take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit to, in the best interest of, or legally required by, the undersigned, it being understood that the documents executed by such attorney-in-fact on behalf of the undersigned pursuant to this Power of Attorney shall be in such form and shall contain such terms and conditions as such attorney-in-fact may approve in such attorney-in-fact's discretion.

The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary, or proper to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as the undersigned might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that such attorney-in-fact, or such attorney-in-fact's substitute or substitutes, shall

lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted. The undersigned acknowledges that the foregoing attorneys-in-fact, in serving in such capacity at the request of the undersigned, are not assuming, nor is the Company assuming, any of the undersigned's responsibilities to comply with Section 16 of the Securities Exchange Act of 1934.

This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4, and 5 with respect to the undersigned's holdings of and transactions in securities issued by the Company, unless earlier revoked by the undersigned in a signed writing delivered to the foregoing attorneys-in-fact.

IN WITNESS WHEREOF, THE UNDERSIGNED HAS CAUSED THIS POWER OF ATTORNEY
TO BE EXECUTED AS OF THIS 31ST DAY OF JANUARY 2018.

/s/ HERBERT LYNN HARTON Signature

HERBERT LYNN HARTON

Print Name