FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|------------|---------------|------------------|

| OMB APPI | ROVAL |
|---------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average b | urden |

0.5

hours per response:

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

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

| Name and Address of Reporting Person* Pant Muktesh | | | | | 2. Issuer Name and Ticker or Trading Symbol Yum China Holdings, Inc. [YUMC] | | | | | | | | | (Che | elationship ceck all applic | able) r | g Pers | 10% O | wner | |
|---|---|--|--|---------------|--|---|------|-----------------------------------|-----|--|--------|----------------------|--|---|--|---|---|---|--|--|
| (Last) (First) (Middle) 16/F TWO GRAND GATEWAY 3 HONG QIAO ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/16/2017 | | | | | | | | | | below) | (give title | Other (spe below) ccutive Officer | | specify | |
| (Street) SHANGH (City) | | 2 | 200030 Zip) | | 4. If Amendment, Date of C | | | | | f Original Filed (Month/Day/Year) | | | | | Line | dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | le I - No | n-Deriv | /ative | e Se | curi | ties | Aca | uired. | Dis | posed of | f. o | r Ben | eficiall | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. To Date | | | 2. Trans | . Transaction | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | (A) or | 5. Amour Securitie Beneficia Owned F | s ally ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| Common Stock 05/16 | | | | 5/2017 | 2017 | | | | М | | 34,707 | | A | \$11.20 | 5 150 | ,440 D | | D | | |
| Common Stock 05/1 | | | | 05/16 | 5/2017 | | | | | М | М | | 3 | A | \$11.20 | 5 203 | ,273 | | D | |
| Common Stock 05/ | | | 05/16 | 5/2017 | | | | | D | D 16, | | 16,978 D | | \$35.04 | 4 186 | 186,295 | | D | | |
| Common Stock 05/2 | | | 05/16 | 6/2017 | | | | | D | | 11,153 | | D | \$35.04 | 4 175 | 175,142 | | D | | |
| | | Т | | | | | | | | | | osed of, onvertib | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | | Transaction Code (Instr. | | of E | | 6. Date E Expiration (Month/I | on Dat | | 7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4) | | es Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | | Date Exercisable | | Expiration Date | Tit | le | Amount or Number of Shares | | | | | |

(1)

(1)

34,707

52,833

01/24/2018

01/24/2018

Explanation of Responses:

\$11.26

\$11.26

1. Vested in full.

Stock

Stock

Appreciation Right

Appreciation Right

/s/ Pingping Liu, Power of Attorney

34,707

52.833

Stock

Common

Stock

\$0

\$0

05/18/2017

0

0

D

D

** 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).

05/16/2017

05/16/2017

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

M

M

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.