| SEC Form 4 | |
|------------|--|
|------------|--|

| FORM | 4 |
|------|---|
|------|---|

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

I OMB APPROVAL

| 1 | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |
| | | | | | | | | |

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | CIAL OWNERSHIP hange Act of 1934 Act of 1940 OMB Number: 323 Estimated average burden hours per response: | |
|--|---|--|
| 1. Name and Address of Reporting Person* | 2. Issuer Name and Ticker or Trading Symbol <u>Yum China Holdings, Inc.</u> [YU | 5. Relationship of Reporting Person(s) to Issuer |
| (Last) (First) (Mic | dle) 3. Date of Earliest Transaction (Month/Day/Ye | X Officer (give title Other (spe |

| <u></u> | Last) (First) (Middle) 16/F TWO GRAND GATEWAY 3 HONG QIAO ROAD Street) | | | | - | | x | Director Officer (give title | 10% C Other | Owner (specify |
|---|---|---------------|--|---|---|--|------------|---|---|---|
| (Last) (First) (Middle) 16/F TWO GRAND GATEWAY 3 HONG QIAO ROAD | | | 3. Date 02/10 | of Earliest Transac /2017 | tion (Month/D | ay/Year) | | below) VP & Brand (|) ep | |
| | KUAD | | 4. If An | nendment, Date of (| Driginal Filed (| (Month/Day/Year) | | idual or Joint/Group | Filing (Check A | pplicable |
| (Street) SHANGHAI | | | | | | | Line) X | Form filed by One Form filed by Mo Person | | |
| (City) | (State) | (Zip) | | | | | | | | |
| | | Table I - Noi | n-Derivative S | ecurities Acq | uired, Disp | oosed of, or Benefic | cially C | Dwned | | |
| 1. Title of Security | (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | and | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |

| 1 | | | | | · · · | | | | | | | | Deported | enorted | | ·· / | (Instr. 4) |
|---|---|--|---|------------------------------|-------|---|-------------------------------|---|---|--------------------|-----------------|--|---|---------|--|------|---------------------------------------|
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (instr. 4) |
| | 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. Numb of Derivati Securiti Acquire (A) or Dispose of (D) (II 3, 4 and | ve es ed ed nstr. | Expiration Date (Month/Day/Year) r. | | te of Securities | | es J Security | 8. Price of Derivative Security (Instr. 5) Benefic Owned Followi Report Transat (Instr. 4) | | e Ownership Form: Ally Direct (D) or Indirect g (I) (Instr. 4) ion(s) | | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Appreciation Right | \$26.56 | 02/10/2017 | | A | | 20,492 | | (1) | | 02/10/2027 | Common Stock | 20,492 | \$0 | 20,49 | 12 | D | |

Explanation of Responses:

1. Vesting occurs 25% per year beginning one year from grant date.

/s/ Pingping Liu, Power of Attorney

02/13/2017

Date

** Signature of Reporting Person

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.