FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------------------|----------|-----|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per re | esponse: | 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

| Name and Address of Reporting Person* Lu Xueling | | | | 2. Issuer Name and Ticker or Trading Symbol Yum China Holdings, Inc. [YUMC] | | | | | | | | | neck all appl Direct | , | | 10% Owner Other (specify | | | |
|--|--|--|--|--|---|---|-----|------------------------|--|--------|------------------|-----------------|--|---|--|---------------------------|--|--|--|
| | (Fi HINA BUIL YAO QIA | DING | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 12/16/2021 | | | | | | | | X Officer (give title below) Controller and PAO | | | | | | |
| (Street) SHANG | | | 200030 (Zip) | | 4. If | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | action | ction 2A. Deemed Execution Date, | | | 3. Transa Code (| Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5) | | | ed (A) or | 5. Amou Securiti Benefic Owned | int of es ally Following | Form: | Direct Condinect Extr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) Price | | Transac (Instr. 3 | 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. Deeme Execution if any (Month/Day | Date, | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | Amount of | | f g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | is illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | xpiration ate | Title | Amount or Number of Shares | | | | | | |
| Restricted Stock Unit | (1) | 12/16/2021 | | | A | | 7 | | (2) | | (3) | Common Stock | 7 | \$0 | 2,897 | | D | | |
| Restricted Stock Unit | (1) | 12/16/2021 | | | A | | 34 | | (2) | | (3) | Common Stock | 34 | \$0 | 14,062 | 2 | D | | |

Explanation of Responses:

- 1. Conversion occurs on a one-for-one basis.
- 2. These units represent Restricted Stock Units issuable to the Reporting Person as a dividend equivalency payment with respect to Restricted Stock Units previously issued to the Reporting Person which vest 100% on the third anniversary of the grant date. The Restricted Stock Units reported herein shall vest on the same date and under the same terms as the underlying Restricted Stock Units with respect of which these dividend equivalency units vest.
- 3. This grant does not have an expiration date

/s/ Pingping Liu, Power of **Attorney**

12/20/2021

** 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.