FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL 3235-0104 OMB Number:

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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* <u>Fidelity National Financial</u> , <u>Inc.</u>	2. Date of E Requiring S (Month/Day 12/11/202	taten /Year	nent 📑	3. Issuer Name and Ticker United Homes Gro						
(Last) (First) (Middle)				4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Ow			Filed (Month/Day/Year)			
601 RIVERSIDE AVE (Street)				Officer (give title below)	_	er (specify		eck Applicable	oint/Group Filing E Line) by One Reporting	
JACKSONVILLE FL 32204							V	Form filed Reporting	by More than One Person	
(City) (State) (Zip)		_								
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)				. Amount of Securities eneficially Owned (Instr.)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)			Nature of Indirect Beneficial Ownership (Instr. 5)		
Class A Common Stock				2,800,000		(1)		rough Fidelity National Title surance Company		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year)		le and	(Instr. 4) or E		S 4. Conve or Exe	rcise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
					or	Amount Derivat		or Indirect (I) (Instr. 5)		
	Date Exercisable	Exp Date	iration e	Title	of Share					
1. Name and Address of Reporting Person* <u>Fidelity National Financial, Inc</u>										
(Last) (First) (Mic	st) (Middle)									
601 RIVERSIDE AVE										
(Street)	204									
JACKSONVILLE FL 32	204	_								
(City) (State) (Zip	· ,									
1. Name and Address of Reporting Person* <u>Fidelity National Title Insurance Co</u>										
(Last) (First) (Mic	ddle)									
(Street) JACKSONVILLE FL 32	204									

Explanation of Responses:

(State)

(Zip)

(City)

Remarks:

FIDELITY NATIONAL

FINANCIAL, INC By:

/s/Michael L. Gravelle

Executive Vice President,

General Counsel and

Corporate Secretary

FIDELITY NATIONAL

TITLE INSURANCE

COMPANY By:

/s/Michael L. Gravelle

Executive Vice President,

General Counsel and Corporate Secretary

** Signature of Reporting

Person

Date

12/17/2024

12/17/2024

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} If the form is filed by more than one reporting person, see Instruction 5 (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).