

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
OMB Number:	3235-0104
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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

1. Name and Address of Reporting Person* <u>Fidelity National Financial, Inc.</u> _____ (Last) (First) (Middle) 601 RIVERSIDE AVE _____ (Street) JACKSONVILLE FL 32204 _____ (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 12/11/2024	3. Issuer Name and Ticker or Trading Symbol <u>United Homes Group, Inc. [UHG]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) _____ Other (specify below) _____	5. If Amendment, Date of Original Filed (Month/Day/Year) _____ 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person _____ <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Class A Common Stock	2,800,000	I ⁽¹⁾	Through Fidelity National Title Insurance 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)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person* <u>Fidelity National Financial, Inc.</u> _____ (Last) (First) (Middle) 601 RIVERSIDE AVE _____ (Street) JACKSONVILLE FL 32204 _____ (City) (State) (Zip)
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1. Name and Address of Reporting Person* <u>Fidelity National Title Insurance Co</u> _____ (Last) (First) (Middle) 601 RIVERSIDE AVE _____ (Street) JACKSONVILLE FL 32204 _____ (City) (State) (Zip)

Explanation of Responses:

1. Reflects securities held directly by Fidelity National Title Insurance Company, a direct wholly-owned subsidiary of Fidelity National Financial, Inc. ("Parent"). The shares may also be deemed to be indirectly beneficially owned by Parent.

