Edgar Filing: AVIS BUDGET GROUP, INC. - Form 4

| AVIS BUD Form 4 March 05, 2 | GET GROUP, INC. | - | | | | | | | |
|--|--------------------------------------|--|---|----------|-----------------------------|---|---|---|--|
| | | | | | | | OMB AF | PROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHAN Washington, D.C. 20549 | | | | | | OMMISSION | OMB Number: | 3235-0287 | |
| Check th if no lon subject t Section Form 4 o Form 5 obligatio | SECU to Section 16(a) of t | NGES IN BENEFICIAL OWNE SECURITIES 16(a) of the Securities Exchange A Itility Holding Company Act of 19 | | | | Expires: January 2 Estimated average burden hours per response | | | |
| may con <i>See</i> Instr 1(b). | unue. | (h) of the Investmen | • | - · | | | • | | |
| (Print or Type | Responses) | | | | | | | | |
| De Shon Larry D Symbol AVIS B | | | nd Ticker or Γ GROUP | | - | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) (First) (Middle) 3. Date of (Month/D 6 SYLVAN WAY 03/03/20 | | | | | | Director 10% Owner X Officer (give title Other (specify below) below) President, International | | | |
| Filed(Mor | | | endment, Date Original onth/Day/Year) | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| PARSIPPA | NY, NJ 07054 | | | | | Person | | portung | |
| (City) | (State) (Zip) | Table I - Non- | Derivative | Securi | ties Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | any | | 4. Securit ior(A) or Dia (Instr. 3, 4 | sposed | of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 03/03/2015 | Code N S | 7 Amount 25,000 | (D) D | Price \$ 61.66 (1) | 161,533 | D | | |

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| Deri Secu | vative | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | 7. Tit Amou Unde Secur (Instr | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|--------------|--------|---|---|---------------------------------------|---|---------------------|--------------------|---|--|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|--------------------------|--|-------|--|--|--|
| | Director | 10% Owner | Officer | | Other | | | |
| De Shon Larry D 6 SYLVAN WAY PARSIPPANY, NJ 07054 | | | President, International | | | | | |
| Signatures | | | | | | | | |
| /s/ Jean M. Sera, by Power of Attorney for Larry D. De 03/05/2015 Shon | | | | | | | | |
| <u>**</u> Signature of Repo | | Date | | | | | | |

Explanation of Responses:

* 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).

Price reflects the weighted average sale price for the sale transaction made on the date reported above. Sale prices ranged from \$61.58 to
(1) \$61.74. Mr. De Shon will provide, upon request by the Staff, the Company, or a security holder of the Company, full information regarding the number of shares purchased or sold at each separate price.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.