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

AVIS BUDGET GROUP, IN Form 4 March 01 2016	IC.					
March 01, 2016 FORM 4 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). MB STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						
(Print or Type Responses) 1. Name and Address of Reporting CATHCART W ALUN	Symb	S BUDGET GROUP, INC.	Issuer	f Reporting Person(s) to ck all applicable)		
(Last) (First) (1 6 SYLVAN WAY	Middle) 3. Dat (Mont	e of Earliest Transaction h/Day/Year) 9/2016	X_ Director Officer (give below)	e title 10% Owner Other (specify below)		
(Street) 4. If Amendment, Date Original Filed(Month/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 Person			
(City) (State)	(Zip) T	able I - Non-Derivative Securities A		f, or Beneficially Owned		
(Instr. 3)		 3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) 	5. Amount of 6 Securities C Beneficially F Owned E Following o Reported (1	. 7. Nature of Ownership Indirect Beneficial orm: Ownership Direct (D) (Instr. 4) r Indirect		
Common 02/29/2016 Stock		Code V Amount (D) Price P 20,000 A \$ 25.06	20,000 E)		
Common Stock			22,117 I	Held by NQ Deferred Compensation Plan		

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

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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)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationsh		
	Director	10% Owner	Officer	Other
CATHCART W ALUN				
6 SYLVAN WAY	Х			
PARSIPPANY, NJ 07054				
Signatures				
/s/ Jean M. Sera, by Power of Attorney for W. Alun Cathcart				03/01/2016
**Signature of Reporting Person				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).

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.