FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ı	OIVID APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
	hours per response:	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* Calabria David T						2. Issuer Name and Ticker or Trading Symbol AVIS BUDGET GROUP, INC. [CAR]								eck all applic Directo	ationship of Reporting k all applicable) Director Officer (give title		on(s) to Issi 10% Ov Other (s	/ner
(Last) 6 SYLVAI	Last) (First) (Middle) 5 SYLVAN WAY					3. Date of Earliest Transaction (Month/Day/Year) 03/15/2019								below)		below)		·
(Street) PARSIPPA			77054		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	dividual or Joint/Group Filing (Check Applicable) K Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(5)		Zip)															
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D						action 2A. Deemed Execution Date,			3. 4. Securi			es Acquired Of (D) (Insti	i (A) or	5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(1130.4)
Common Stock 03/15/							5/2019		M		1,317	1,317 A		11,	11,463		D	
Common Stock 03					5/2019			F ⁽²⁾		413 D		\$34.8	2 11,	11,050		D		
		7							,		osed of, convertib		•	Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr 8)				6. Date Exerci Expiration Da (Month/Day/Yo		te Amount of		of S g e Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code V		(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	on(s)			
Restricted Stock Units	\$0.0 ⁽¹⁾	03/15/2019		М				1,317	(3)		(4)	Common Stock	1,317	\$0	\$0 2,63		D	
Performance Based Restricted Stock Units	\$0.0 ⁽¹⁾	03/15/2019			A		2,369		(5)		(4)	Common Stock	2,369	\$0	2,369)	D	
Restricted Stock Units	\$0.0 ⁽¹⁾	03/15/2019			A		5,528		(6)		(4)	Common	5,528	\$0	5,528	3	D	

Explanation of Responses:

- 1. Represents restricted stock units which automatically convert to Common Stock upon the vesting of such units on a one-to-one basis.
- 2. Represents tax withholdings in connection with the vesting of restricted stock units.
- 3. Units vest in three equal installments on March 15, 2019, 2020 and 2021.
- 4. Expiration date not applicable.
- 5. Units vest on March 15, 2022 based on the Company's attainment of pre-established financial performance goals. The number of units which could vest range from zero to 200% of the target number of units reported above depending on achievement of such performance goals.
- 6. Grant vests in three equal installments on March 15, 2020, 2021 and 2022.

Remarks:

/s/ Jean M. Sera, by Power of Attorney for David T. Calabria

03/19/2019

** Signature of Reporting Person

Date

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

- * 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.