FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | DVAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| l | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | 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* Mestre Eduardo G | | | | | | 2. Issuer Name and Ticker or Trading Symbol AVIS BUDGET GROUP, INC. [CAR] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
|--|---|--|---------------------------------------|---|-----------|--|--|--|--------|---|-------|-------------------------|--|---|---|--|---|---|--|--|--|
| (Last) (First) (Middle) 6 SYLVAN WAY | | | | | | Date of 5/05/20 | | st Tra | ınsact | tion (Mo | onth | /Day/Year) | | Officer (give title below) | | | | Other (specify below) | | | |
| (Street) PARSIPE | | | 07054 (Zip) | 1 | _ 4. | If Amer | ndment, | , Date | e of O | Original I | File | d (Month/Da | ay/Year | | Line) X Forr Forr | I or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson | | | | | |
| | | Tabl | le I - | Non-Deriv | /ativ | e Sec | uritie | s A | cqu | ired, I | Dis | sposed o | of, or | Benefic | ially Own | ed | | | | | |
| Date | | | 2. Transactio Date (Month/Day/\ | | Execution | | ´ | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | | 5. Amount of Securities Beneficially Ownered | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. | | | |
| | | | | | | | | | Code | e V | Ar | mount | (A) or (D) | Price | Reported Transaction (Instr. 3 and | | | | 4) | | |
| Common Stock | | | 05/05/2016 | | | | | A | A | | 2,047 | A \$25.4 ⁽¹⁾ | | 66,007 | | I | | Held by NQ Deferred Compensation Plan | | | |
| Common | Stock | | | | | | | | | | | | | | 20,45 | 0 | D | D | | | |
| | | Та | able | II - Derivat (e.g., p | | | | | | | | osed of, convertib | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Exec if an | Deemed ution Date, / tth/Day/Year) | | eaction (Instr. | 5. Nu of Deriv Secu Acqu (A) or Dispo (Instr and 5 | rative rities ired r osed) . 3, 4 | Ex (M | opiration Ionth/Da | n Da | | 7. Title Amou Secur Under Derive Secur and 4 | nt of ities lying ative ity (Instr. 3 | 8. Price of Derivative Security (Instr. 5) | deriva Secur Benef Owner Follov Repor | ities icially d ving ted action(s) | 10. Owne Form: Direct or Ind (I) (Ins | (D) Beneficial Ownership rect (Instr. 4) | | |

Explanation of Responses:

1. Award represents the portion of non-employee director retainer fees through June 30, 2016 paid in deferred common stock of the Company. All shares are deferred into the Non-Employee Directors Deferred Compensation Plan and converted into deferred stock units thereunder. Payable upon termination of service as director in accordance with the plan.

Remarks:

/s/ Jean M. Sera, by Power of Attorney for Eduardo G.

05/09/2016

<u>Mestre</u>

** Signature of Reporting Person

Date

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

- * 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.