FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | STATEMENT OF | CHANGES IN | BENEFICIAL | OWNERSHIP |
|--|--------------|------------|------------|-----------|
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| OMB APPRO | DVAL | | | | | | | | |
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| hours per response: | 0.5 | | | | | | | | |

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* CHOKSI MARY C | | | | | | 2. Issuer Name and Ticker or Trading Symbol AVIS BUDGET GROUP, INC. [CAR] | | | | | | | | | (Ch | Relationship neck all app X Direc | , | | , | erson(s) to Issuer 10% Owner | |
|---|---|---|---------|---|---|---|----------------------------------|-----------------|---|-------|---------------------------------------|--|---|---|---|--|--|-----------------|--|--|--|
| (Last) 6 SYLVA | ` | rst) (| Middle | e) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/06/2015 | | | | | | | | | Office below | cer (give title ow) | | | Other (specify below) | | |
| (Street) PARSIPPANY NJ 07054 (City) (State) (Zip) | | | | 4. | 4. If Amendment, Date of 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 | | | | | | on | |
| | | Tabl | eI- | Non-Deriv | ativ | e Sec | uritie | s Ac | qui | ired, | Dis | sposed | of, o | r Benefic | cial | ly Owne | ed | | | | |
| Date | | 2. Transaction Date (Month/Day/Ye | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Co | ode (| ction Instr. | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5 | | |) S | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. | | | | |
| | | | | | | | | Co | Code V | | Am | ount | (A) or (D) | Price | 1 | Transaction Instr. 3 and | | | 4) | | |
| Common Stock | | | | 05/06/201 | 5 | | | I | A | | | 518 | A | A \$52.23 ⁽¹ | | 57,682 | | I | | Held by NQ Deferred Compensation Plan | |
| Common Stock | | | | | | | | | | | | | | | 34,100 | | D | | | | |
| 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 Execution Date, if any (Month/Day/Year) | | | | saction e (Instr. | 5. Nui of Deriva Secui Acqui (A) or Dispo of (D) (Instr. and 5 | ative ities red sed | Expiration Date (Month/Day/Year) | | | | Am Sec Und Der Sec and | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Derivative Security (Instr. 5) Benet Follow Repo | | rities Form ficially Direct or Inc wing (I) (In rted action(s) | | t (D) lirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. Award represents the portion of non-employee director retainer fees through June 30, 2015 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 Mary C. Choksi

05/08/2015

** 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.