FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
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| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | STATEMENT OF CHA |
|---|-------------------------|
| Instruction 1(b). | Filed pursuant to Secti |

ANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden 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

| 1. Name and Address of Reporting Person* Choi Brian J | | | | | | 2. Issuer Name and Ticker or Trading Symbol AVIS BUDGET GROUP, INC. [CAR] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|--|--|-----------------|--------------------------------------|------------------------------|---|---|---------------------------------|---|----------|--|---|---|--|---|--|--|--|--|
| CHOI Bridii J | | | | | | ==:=================================== | | | | | | | | X Director | | | 10 | % Owner | |
| | | est) (I ENT MANAGE K, 39TH FLOO | | , | 04/ | 3. Date of Earliest Transaction (Month/Day/Year) 04/20/2016 | | | | | | | Officer (give title below) | | | b€ | her (specify low) | | |
| | | | | | - 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) NEW YORK NY 10036 | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (St | ate) (2 | Zip) | | - | | | | | | | | | | son | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | I (A) or : 3, 4 and | 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. | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | 4) | | , | | |
| Common Stock 04/20/20 | | | | |)16 | 6 | | | D ⁽¹⁾ | | 736 | D | \$0 | 0 | | , Defe | | Held by NQ Deferred Compensation Plan | |
| | 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) | Execu if any | eemed ution Date, :h/Day/Year) | 4. Transa Code (8) | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr | ative rities ired osed | Expi | ration I | y/Year) Securities Underlying Derivative Security (Instr. and 4) | | nt of ties ying tive ty (Instr. 3 | 8. Price of Derivative Security (Instr. 5) | deriva Secur Benef Owne Follov Repor | ities icially d ving ted action(s) | 10. Owners Form: Direct (or Indir (I) (Instr | Beneficial O) Ownership ect (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exer | cisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

1. Represents the cancellation of an award granted in respect of non-employee director retainer fees in connection with the reporting person's election to waive such fees.

Remarks:

/s/ Jean M. Sera by Power of Attorney for Brian J. Choi ** Signature of Reporting Person

04/22/2016

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.