FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington, b.c. 20040

| STATEMENT | OF CHAI | NGES IN B | ENEFICIAL | _ OWNERSHIP |
|-----------|---------|-----------|-----------|-------------|

| OMB APPROVAL | | | | | | | | | | |
|------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burd | en | | | | | | | | | |
| 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* Hardy John D. Jr. | | | | | | 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) | • | rst) (| Midd | le) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/23/2018 | | | | | | | | | | Offic belo | | | Other (specify below) | | |
| (Street) PARSIPPANY NJ 07054 (City) (State) (Zip) | | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) Y Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | eI- | Non-Deriv | /ativ | e Sec | urities | Ac | qui | ired, | Dis | sposed | of, o | r Be | enefici | ally Own | ed | | | | |
| Date | | | 2. Transaction Date (Month/Day/Ye | ear) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Co | | | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | | | Securities Beneficially | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Со | de | v | Amount (| | (A) or (D) | Pric | ce | Transaction(s) (Instr. 3 and 4) | | | | - ' | |
| Common Stock | | | 02/23/201 | 8 | 3 | | A | A | | | 641 | A | A \$45.83 ⁽¹ | | 641 | | D | | | | |
| Common Stock | | | | | | | | | | | | | | | | 54,074 | | I | | Held by NQ Deferred Compensation Plan | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execution Date, T Security or Exercise (Month/Day/Year) if any | | | | | ransaction of ode (Instr. Derivati | | | Ex | piratio | n Da | kercisable and 1 Date ay/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | deriva Secur Benef Owner Follov Repor | ities icially d ving ted action(s) | 10. Owner Form: Direct or Ind (I) (Ins | (D) irect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | · V | (D) | Date Exercisable | | ble | Expiration Date | n Titl | O N | Amount or Number of Shares | | | | | | | |

Explanation of Responses:

1. Award represents the portion of non-employee director retainer fees through March 31, 2018 paid in common stock of the Company.

Remarks:

/s/ Jean M. Sera, by Power of Attorney for John D. Hardy, Jr.

** Signature of Reporting Person

02/27/2018

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.