FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	DC	205/19	
vasilliylui,	D.C.	20349	

	Washingto	on, D.C. 20549	
<b>STATEMENT</b>	<b>OF CHANGES</b>	<b>IN BENEFICIAL</b>	<b>OWNERSHIP</b>

OMB APPROVAL										
OMB Number: 3235-0287										
Estimated average burden										
hours per respon	se: 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

1. Name and Address of Reporting Person*  KROMINGA LYNN				2. Issuer Name <b>and</b> Ticker or Trading Symbol AVIS BUDGET GROUP, INC. [ CAR ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
KKOW	11 1 U / 1 L	T 1 11 1									X	Direct				% Owr					
(Last)	(Fi	rst) (N	1iddle)	3. Date of Earliest Transaction (Month/Day/Year) 11/09/2021									Officer (give title Other (specify below) below)						pecify		
				4. If Amendment, Date of Original Filed (Month/Day/Year)									) 6	6. Individual or Joint/Group Filing (Check Applicable							
(Street)				Jacob Strain and Control of Contr										Line)							
PARSIPI	PANY NJ	0	7054											X Form filed by One Reporting Person							
(City)	(St	ate) (Z	ip)											Form filed by More than One Reporting Person							
. ,,	`																				
		Table	I - Non-Deriva	tive	Secui	rities		uired						ıally	Owne	ed					
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea				Execu	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5				5. Amount of Securities Beneficially Owned Following			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount (A) or (D)		(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)							
Common	Stock		11/09/2021				S		2,800 D		D	\$26	56.23 <sup>(1)</sup>	5,823		D					
Common Stock												53,906			I		Held by NQ Deferred Compensation Plan				
		Tak	le II - Derivati	ve Se	curit	ies A	<b>Acau</b> i	red.	Disp	osed	of. o	r Be	neficia	llv (	Owned	1					
			(e.g., pu	ıts, ca	alls, v	varra	ants,	optio	ns, c	onve	rtible	e se	curities	s) ´							
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. Transa Code ( 8)		of Deriv Secu Acqu (A) o Dispe	rative rities ired r osed )	Expira	ntion Date h/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der Sec	Derivative Security (Instr. 5)	deriv Secu Bene Own Follo Repo	wing orted saction(s)	10. Owner Form: Direct or Indi (I) (Insi	ship (D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exerci	sable	Expira Date		Title	Amount or Number of Shares								

## **Explanation of Responses:**

1. Price reflects the weighted average sale price for the sale transactions made on the date reported above. Sale prices ranged from \$266.21 to \$266.37. The reporting person will provide, upon request by the Staff, the Company, or a security holder of the Company, full information regarding the number of shares purchased or sold at each separate price.

## Remarks:

/s/ Jean M. Sera, by Power of Attorney for Lynn Krominga

11/12/2021

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.