FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|--|
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

OMB APPROVAL OMB Number:

Estimated average burden hours per response: 0.5

| 1. Name and Address of Reporting Person* KROMINGA LYNN | | | | | | 2. Issuer Name and Ticker or Trading Symbol AVIS BUDGET GROUP, INC. [CAR] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% Owner | | | | | | |
|--|-------|------|---|--------------------------|--|--|--|---|--------|--|---|--|---------------|--|--|---|--|---|---------|--------------------|--|
| (Last) (First) (Middle) 6 SYLVAN WAY | | | | | | Date o | | | ransa | action (N | Monti | n/Day/Year | | | | | | Other (pelow) | specify | | |
| (Street) PARSIPE | | |)705 Zip) | 64 | 4. | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| | | Tabl | e I · | Non-Deriv | vativ | e Se | curi | ities | Acq | uired | , Di | sposed | of, o | r Benefic | ially Own | ed | | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Ye | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | oate, | 3. Transaction Code (Instr. 8) | | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5 | | | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. | | | |
| | | | | | | | | | Code V | | An | nount | (A) or (D) | Price | Transaction | Reported Transaction(s) (Instr. 3 and 4) | | | 4) | | |
| Common | Stock | | | 02/21/202 | 20 | | | | A | | | 2,781 | A | \$47.94(1 | 8,54 | 1 | . D | | | | |
| Common | Stock | | | | | | | | | | | | | | 53,90 | 6 | I Held by NC Deferred Compensati Plan | | | erred pensation | |
| | | Та | ble | II - Derivat (e.g., p | | | | | | | | | | Beneficia ecurities | | | , | | | | |
| Derivative Security (Instr. 3) Date (Month/Day/Year) Date if any (Month/Day/Year) Execution Date, if any (Month/Day/Year) Resolution Date, if any (Month/Day/Year) | | | | sactione (Instr. | of Office | erivative ecuritie cquired A) or sispose f (D) nstr. 3, nd 5) | Expiration Date (Month/Day/Yeas) d 4 Date | | | Date Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Expiration Amount of Securities Amount of Securities Amount or Number of | | Derivative Security (Instr. 5) Bene Own Folic Repg Tran (Instr | | owing (I) (In orted saction(s) | | (D) irect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |

Explanation of Responses:

1. Represents restricted stock units awarded as part of the Company's non-employee director compensation program. Units automatically convert to Common Stock upon vesting on a one-to-one basis. Award will fully vest on the one-year anniversary of the date of grant.

(A) (D)

Remarks:

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

02/25/2020

** 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.