FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	OMB APPROVAL							
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b)

					_														
Name and Address of Reporting Person* DeGenova Cathleen						2. Issuer Name and Ticker or Trading Symbol AVIS BUDGET GROUP, INC. [CAR]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last)	st) (First) (Middle) DINTERPACE PARKWAY					3. Date of Earliest Transaction (Month/Day/Year) 03/13/2024								X Officer (give title Other (simulation) Chief Accounting Officer					
37) INTERFACE PARKWAT						If Amendment, Date of Original Filed (Month/Day/Year)							6. Ir	6. Individual or Joint/Group Filing (Check Applicable					
(Street)									· ·		•	,	Line	•					
PARSIPPANY NJ 07054												X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City) (State) (Zip)				Ru	Rule 10b5-1(c) Transaction Indication														
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	e I - Nor	า-Deriv	ative	Sec	uritie	s Ac	quired, E	Dis	posed o	f, or Bei	neficial	y Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D:				Execution Date,			3. Transaction Code (Instr. 8) 8. 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)					es Fo ally (D Following (I)			7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3	tion(s)			(Instr. 4)			
	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)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any		Transaction of I			6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)			f g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares						
Restricted Stock Units	\$0 ⁽¹⁾	03/13/2024			A		818		(2)		(3)	Common Stock	818	\$0	818		D		
Performance Based Restricted Stock Units	\$0 ⁽¹⁾	03/13/2024			A		818		(4)		(3)	Common Stock	818	\$0	818		D		

Explanation of Responses:

- 1. Represents restricted stock units which automatically convert to Common Stock upon the vesting of such units on a one-to-one basis.
- 2. Units vest in three equal installments on March 13, 2025, 2026 and 2027.
- 3. Expiration date not applicable.
- 4. Units vest on March 13, 2027 based on the Company's attainment of pre-established performance goals. The number of units which could vest range from zero to 150% of the target number of units reported above depending on achievement of such performance goals.

Remarks:

/s/ Jean M. Sera, by Power of

Attorney for Cathleen

03/15/2024

DeGenova

** 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.