FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL								
	OMB Number: 3235-0									
l	Estimated average burden									
l	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(h)

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 an		2. Issuer Name <b>and</b> Ticker or Trading Symbol AVIS BUDGET GROUP, INC. [ CAR ]									Relationship of Reporting Pers (Check all applicable)     X Director				wner						
(Last) 6 SYLVA	(Last) (First) (Middle) 6 SYLVAN WAY					3. Date of Earliest Transaction (Month/Day/Year) 11/25/2013									Officer (give title Other (specify below) below)						
(Street) PARSIPPANY NJ 07054  (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye					- 1	2A. Deemed Execution Date, if any (Month/Day/Year)		Tr	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 Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr.			
								Co	ode	v	Amount	(A) or (D)	Price	Transaction (Instr. 3 and				4)			
Common	Stock			11/25/201	13				S		13,500	D	\$36.21	3,504	1	D	D				
Common Stock														53,906		I		Held by NQ Deferred Compensation Plan			
		Та	ble	II - Derivat (e.g., p							sposed of, , converti					,	,				
1. Title of Derivative Security (Instr. 3)	ve Conversion Date Execution Date, T or Exercise (Month/Day/Year) if any					ransaction of ode (Instr. Derivative			Expiration Date (Month/Day/Year)			7. Titl Amou Secur Under Derive Secur and 4	int of ities rlying ative ity (Instr. 3	Derivative Security (Instr. 5)  Owner Follow Repo		rities Forr eficially Dire ed or In wing (I) (II prited saction(s)		(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A) (	D)	Date Exer	e rcisabl	Expiration Date Title Amount or Number of Shares											

Explanation of Responses:

Remarks:

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

11/26/2013

\*\* Signature of Reporting Person

Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).