FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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ashington,	D.C. 20549	

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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 and Ticker or Trading Symbol AVIS BUDGET GROUP, INC. [ CAR ]											tionship all appl Direct	icable	*		s) to Iss 0% Ow	
(Last)	(Fir	est) (M	liddle)	3. Date of Earliest Transaction (Month/Day/Year)  02/18/2021  Officer (give title below)  Other (specify below)												pecify				
(Street) PARSIPI (City)		ate) (Z	7054 ip)										Li	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. E Exec if any	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		, Disposed of, or Benef 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			) or	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	Amo		(A) or (D)	Pric			rted action(s 3 and 4					
Common	1 Stock 02/18/2021		-			A	A		042	A \$4		4.05(1)	14,383			D				
Common	Stock													5	3,906		I		Held by NQ Deferred Compensation Plan	
		Tak	ole II - Derivati (e.g., pu												wnec	ł				
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) of Dispo	posed D) tr. 3, 4				Date Amount of		int of rities rlying ative rity (Instr. 4)	Deri Secu (Inst		Secu Bene Own Follo Repo	owing orted saction(s)	Form Direct		11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code V (A) (D) Date Expira		Expirat Date		Γitle	Amount or Number of Shares											

## **Explanation of Responses:**

## Remarks:

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

02/22/2021

\*\* 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.

<sup>1.</sup> 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.