## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
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STATEMENT	OF	CHANGES	IN BENEFI	ICIAL	OWNERSHIP

OWR APPRO	JVAL							
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 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

Name and Address of Reporting Person*     Viswanathan Sanoke				2. Issuer Name and Ticker or Trading Symbol AVIS BUDGET GROUP, INC. [ CAR ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner							
(Last) (First) (Middle) 6 SYLVAN WAY					3. Date of Earliest Transaction (Month/Day/Year) 02/22/2019								Officer (give title below)				Other (specify below)			
(Street) PARSIPF (City)			7054 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						ar)	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				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	Code V		Am	nount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				4)		
Common Stock			02/22	2019	)						:	3,184	A	\$35.33 <sup>(1</sup>	11,52	21 I		Held by NQ Deferred Compensation Plan		
	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)	ative rity (Month/Day/Year)  Conversion or Exercise Price of Derivative Security  Date (Month/Day/Year)  Date (Month/Day/Year)  I Transaction Code (Instr. 8)  Execution Date, if any (Month/Day/Year)  I Transaction Code (Instr. 8)  Acquartic (A) or Disposit Of (Instr. 8)				5. Nur of Deriva Secur Acqui (A) or Dispo of (D) (Instr. and 5)	ative ities red sed 3, 4	Expiration (Month/Dies ed			Exercisable and on Date Day/Year)		tle and bunt of urities erlying vative urity (Instr. 3		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)		
				c	Code	ode V (A) (		(D)	Date D) Exercisa		ble	Expiratio Date	n Title	Amount or Number of Shares						

## **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. Upon vesting award will be deferred under the Non-Employee Directors Deferred Compensation Plan and will be payable in accordance with the deferral election made in accordance with the terms of the plan.

## Remarks:

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

02/26/2019

Viswanathan \*\* 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.