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Halpin Derm Form 4 August 21, 2 FORN Check th if no long subject to Section 1 Form 4 o Form 5 obligatio may cont <i>See</i> Instru 1(b).	017 I 4 UNITED STAT is box ger 6. r Filed pursuant inue. action 17(a) of 3	Wa F OF CHAN	shington, NGES IN SECUR (6(a) of th (tility Hold	D.C. 20 BENEF STTIES e Securit ding Cor	549 ICIA ties E	LOW Exchang y Act of	e Act of 1934, 1935 or Section	OMB Number: Expires: Estimated a burden hou response	irs per		
(Print or Type I	(esponses)										
Halpin Dermot Symbol				l Ticker or . [TRIP]	Tradi	ng	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (Middle	*					(Check all applicable)				
(Month/Da C/O TRIPADVISOR, INC., 400 1ST 08/17/20 AVENUE							Director 10% Owner X Officer (give title Other (specify below) President, Vacation Rentals				
				th/Day/Year) Applicable Line) _X_ Form filed by C					Dint/Group Filing(Check One Reporting Person Aore than One Reporting		
(City)	(State) (Zip)	Tah	le I - Non-F)erivative	Secur	ities Aca	uired, Disposed of	or Beneficial	llv Owned		
1.Title of Security (Instr. 3)	(Month/Day/Year) Exe any	Transaction Date2A. DeemedIonth/Day/Year)Execution Date, if			ties A	cquired d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of		
Common Stock, Par Value \$.001 Per Share	08/17/2017		Code V	Amount 900		Price \$ 39.82 (1)	(Instr. 3 and 4) 5,364	D			
Common Stock, Par Value \$.001 Per Share	08/18/2017		М	6,595	A	\$ 29.48	11,959	D			
Common Stock, Par	08/18/2017		S	6,595	D	\$ 39.03	5,364	D			

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Value \$.001 Per Share					(2)	
Common Stock, Par Value \$.001 Per Share	08/18/2017	S	5,364	D	\$ 39.03 0 (2)	D

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. Number action f Derivative Securities 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. D S (I
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 29.48	08/18/2017		М		6,595	11/30/2012	11/30/2018	Common Stock	6,595	

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Halpin Dermot C/O TRIPADVISOR, INC. 400 1ST AVENUE NEEDHAM, MA 02494			President, Vacation Rentals					

Signatures

/s/ Linda C. Frazier, attorney in fact

08/21/2017

**Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
- The transaction was executed in multiple trades with a weighted average sales price of \$39.82. The reporting person undertakes to (1) provide information regarding the number of shares and prices at which the transaction was effected upon request of the SEC staff, the issuer or a security holder of the issuer.

The transaction was executed in multiple trades with a weighted average sales price of \$39.03. The reporting person undertakes to

(2) provide information regarding the number of shares and prices at which the transaction was effected upon request of the SEC staff, the issuer or a security holder of the issuer.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.