Edgar Filing: SALERNO F ROBERT - Form 4

SALERNO F Form 4	ROBERT											
December 31,	, 2008											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									9PROVAL 3235-0287			
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation: may contin <i>See</i> Instruct 1(b).	er STATE 5. Filed pu ^s Section 17	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section								Expires:January 31Expires:2005Estimated averageburden hours perresponse0.5		
(Print or Type Ro	esponses)											
1. Name and Address of Reporting Person <u>*</u> SALERNO F ROBERT			2. Issuer Name and Ticker or Trading Symbol AVIS BUDGET GROUP, INC.					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
_			[CAR]									
6 SYLVAN WAY 07/01/20			(Month/Da	3. Date of Earliest Transaction (Month/Day/Year) 07/01/2008				_X_ Director10% Owner _X_ Officer (give titleOther (specify below) below) President & COO				
			Amendment, Date Original				6. Individual or Joint/Group Filing(Check					
PARSIPPAN	IY, NJ 07054		Filed(Mont	th/Day/Year)				Applicable Line) _X_ Form filed by Form filed by P Person	One Reporting Pa More than One Re			
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Aco	quired, Disposed o	of, or Beneficial	llv Owned		
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	r) Execution any		3. Transactio Code (Instr. 8) Code V	4. Securi mAcquired Disposed (Instr. 3, Amount	ties l (A) c l of (D 4 and (A) or	or))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	-		
Common Stock	07/01/2008			F	2,591 (1)	D	<u>(1)</u>	49,980 <u>(2)</u>	D			

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

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 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)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
SALERNO F ROBERT 6 SYLVAN WAY PARSIPPANY, NJ 07054	Х		President & COO					
Signatures								
Jean M. Sera, by Power of Atto Salerno	12/31/2008							

**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).

Represents tax withholdings in connection with the distribution of 7,908 shares of restricted stock units from the reporting person's(1) nonqualified deferred compensation plan account. The number of shares withheld was calculated using a per share price of \$8.37, the closing price of common stock on the day prior to the distribution date.

(2) Amount includes 5,317 shares distributed from the reporting person's nonqualified deferred compensation plan account, which shares were previously reported as indirectly owned by the reporting person.

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.