Holzer Sunita Form 4 February 27, 2019

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 Check this box STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

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

SECURITIES

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

MADISON, NJ 07940

\$0.01 par

1. Name and Address of Reporting Person *

Holzer Sunita

2. Issuer Name and Ticker or Trading

Symbol

REALOGY HOLDINGS CORP.

3. Date of Earliest Transaction

[RLGY]

02/25/2019

(Last) (First) (Middle)

C/O REALOGY HOLDINGS

CORP., 175 PARK AVENUE

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

(Month/Day/Year)

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

Director 10% Owner Other (specify _X__ Officer (give title

below)

Chief Human Resources Officer

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

(City)	(State)	(Zip) Table	e I - Non-D	erivative	Secur	rities Acq	uired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. Transaction Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose 4 and (A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock, \$0.01 par value	02/25/2019		A	3,011 (1)			24,249	D	
Common Stock, \$0.01 par value	02/25/2019		F	1,249 (2)	D	\$ 17.83	23,000	D	
Common Stock,	02/26/2019		F	709 (3)	D	\$ 14.14	22,291	D	

value

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.

SEC 1474 (9-02)

9. Nu

Deriv

Secu

Bene Own Follo Repo Trans (Instr

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. Transa Code (Instr.	ctio	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amor Unde Secur	le and ant of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)
				Code	V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Holzer Sunita C/O REALOGY HOLDINGS CORP. 175 PARK AVENUE MADISON, NJ 07940

Chief Human Resources Officer

Signatures

/s/ Colleen Johnson, as attorney-in-fact for Sunita Holzer

02/27/2019

Date

**Signature of Reporting Person

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).
- (1) Represents shares earned upon below-target achievement of performance criteria under 2016 performance share unit award.
- (2) Shares forfeited to satisfy tax withholding obligations upon vesting of shares under 2016 performance share unit award reported in the preceding row.

(3) Shares forfeited to satisfy tax withholding obligation upon partial vesting of performance restricted stock award.

Reporting Owners 2

Edgar Filing: Holzer Sunita - Form 4

Remarks:

Exhibit 24.1 - Power of Attorney of Sunita Holzer.* *Previously filed.

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.