

AVIS BUDGET GROUP, INC.  
Form 3  
May 13, 2014

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
Expires: January 31, 2005  
Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF 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  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Calabria David T		(Month/Day/Year)	AVIS BUDGET GROUP, INC. [CAR]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		05/12/2014		
6 SYLVAN WAY			(Check all applicable)	
(Street)			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below)    (specify below) VP & Chief Accounting Officer	
PARSIPPANY,Â NJÂ 07054			6. Individual or Joint/Group Filing(Check Applicable Line)	
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	611	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

				Shares		(I) (Instr. 5)	
Restricted Stock Units	01/25/2015	Â (1)	Common Stock	1,100	\$ 0	D	Â
Restricted Stock Units	Â (2)	Â (1)	Common Stock	1,651	\$ 0	D	Â
Restricted Stock Units	Â (3)	Â (1)	Common Stock	2,126	\$ 0	D	Â
2014 Performance Based Restricted Stock Units	Â (4)	Â (1)	Common Stock	911	\$ 0	D	Â
Restricted Stock Units	Â (5)	Â (1)	Common Stock	471	\$ 0	D	Â
2014 Performance Based Restricted Stock Units	Â (6)	Â (1)	Common Stock	202	\$ 0	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Calabria David T 6 SYLVAN WAY PARSIPPANY, NJ 07054	Â	Â	Â VP & Chief Accounting Officer	Â

## Signatures

/s/ Jean M. Sera, by Power of Attorney for David T. Calabria

05/13/2014

\*\*Signature of Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 5(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) Expiration date not applicable.

(2) Grant vests in two equal installments on January 23, 2015 and 2016.

(3) Grant vests in three equal installments on January 22, 2015, 2016 and 2017.

(4) Units vest on January 22, 2017 based on the Company's attainment of pre-established financial performance goals.

(5) Grant vests in three equal installments on April 16, 2015, 2016 and 2017.

(6) Units vest on April 16, 2017 based on the Company's attainment of pre-established financial performance goals.

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.