FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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

1. Name and Address of Reporting Person*  KROMINGA LYNN					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) 6 SYLVA	,	rst) (I	Middle)			ate of I		Trans	action (	Month	n/Day/Year	·)			Office below	fficer (give title elow)			Other (: elow)	specify
(Street) PARSIPPANY NJ 07054 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
			e I - Non-De		_				quire	<del>-</del>				_						
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye				2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. r) 8)						֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	5. Amount of Securities Beneficially Owned Follo		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Ownership (Instr.			
							Cod	le V	Am		(A) or (D)	Price	- 1:	Reported Transaction (Instr. 3 and				4)		
Common Stock 10/			10/07/2	2011			P			600	A	\$10.66	13,100		0	D				
Common	Common Stock 10			2011			P			400	A	\$10.657	13,500		0	D				
Common Stock														46,788		I		Held by NQ Deferred Compensation Plan		
		Та	ble II - Deri (e.g.										Beneficia ecurities		Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	on Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Ye:	`   C₀	ransaction Code (Instr.		5. Nur of Deriva Secur Acqui (A) or Dispo of (D) (Instr. and 5)	ative ities red sed 3, 4	ed Expiration (Month/E		Exercisable and on Date Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)	9. Nun deriva Securi Benefi Owned Follow Repor Transa (Instr.	tive Ov ties Fo cially Dii I or ing (I) ed	10. Owner Form: Direct or Indi (I) (Ins	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Co		v	(A)	(D)	Date Exercis	sable	Expiration Date	n Title	Amount or Number of Shares							

**Explanation of Responses:** 

Remarks:

Jean M. Sera, by Power of Attorney for Lynn Krominga

10/11/2011

\*\* Signature of Reporting Person

Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).