FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

| STATEMENT | OF CHANGES | S IN BENEFIC | CIAL OWNER | RSHIP |
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| OMB APPRO | DVAL | | | | |
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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* <u>Servodidio Mark J</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol AVIS BUDGET GROUP, INC. [CAR] | | | | | | | | | ck all applic Directo | ionship of Reporting Person(s) to Iss all applicable) Director 10% O | | | wner |
|--|--------------------|------------|---|--|-------------------------------|---|-------------------------|--------|--|-------|--|---|--|---|---|---|---|---|--|
| (Last) | • | irst) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/02/2007 | | | | | | | X | below) | (give title VP, Huma | pive title Other (sp. below) P, Human Resources | | pecify | |
| (Street) PARSIPPANY NJ 07054 | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Ind Line) | Form fi | Joint/Group Filing (Check Applicable filed by One Reporting Person filed by More than One Reporting n | | | | | |
| (City) | (S | | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deriv | vativ | e Se | curit | ies Ac | quired | , Dis | posed o | of, or E | Benef | icially | Owned | | | | |
| Date | | | 2. Trans Date (Month/ | /Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code | Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | Securitie Beneficia Owned F | 5. Amount of Securities Beneficially Owned Following | | n: Direct r Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code | v | Amount | (A) | or | rice | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock 05/0 | | | 05/02 | 2/200 | /2007 M ⁽¹⁾ 10,246 | | 6 . | A | \$0 ⁽¹⁾ | 12, | 400 D | | D | | | | | | |
| Common Stock 05/02 | | | 2/200 | 7 | | | F ⁽²⁾ | | 3,724 | | D S | \$27.99 | 99 8,676 | | | D | | | |
| | | ٦ | Гable II - | | | | | | | | osed of, converti | | | | Owned | | | | |
| Derivative Conversion Date Executio Security or Exercise (Month/Day/Year) if any | | | 3A. Deeme Execution if any (Month/Da | Date, Transacti Code (Ins | | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4) | | urity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Ownersl Form: Direct (Dor Indirect) Or Indirect) | Ownership | Beneficial Ownership ct (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nu of | mber ares | | | | | |
| Restricted Stock | \$0 ⁽¹⁾ | 05/02/2007 | | | M ⁽¹⁾ | | | 10,246 | (3) | | (4) | Comm | | ,246 | \$0 | 30,738 | 3 | D | |

Explanation of Responses:

- 1. Represents restricted stock units which automatically converted to Common Stock upon the vesting of such units on a one-to-one basis.
- $2. \ Represents \ tax \ withholdings \ in \ connection \ with \ the \ vesting \ of \ 10,246 \ shares \ of \ restricted \ stock \ units \ on \ May \ 2, \ 2007.$
- 3. Original grant vests in four installments on May 2, 2007, 2008, 2009 and 2010.
- 4. Expiration date not applicable.

Remarks:

Jean M. Sera, by Power of

Attorney for Mark J. Servodidio 05/02/2007

<u>Scrvodidio</u>

** Signature of Reporting Person Date

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

- * 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).

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.