Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | S IN BENEFICIAL | OWNERSHIP |
|-----------|------------|-----------------|------------------|
| | | | |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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>Wyshner David B</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol AVIS BUDGET GROUP, INC. [CAR] | | | | | | | | | | eck all applic Directo | onship of Reporting Il applicable) Director | | 10% Ov | vner |
|---|---|------------|--|---------|--|---|-------|--------------|--------------|--|--------|---------------------|---|---------------------|--|---|---|---|--|---------------------------------------|
| (Last) | , | irst) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/02/2009 | | | | | | | | | | | Officer (give title below) EVP at | | Other (s below) FO | specify |
| (Street) PARSIPI | PANY N | J | 07054 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group F Line) X Form filed by One I Form filed by More | | | | | | Repo | orting Persor | n | | | | | | | |
| (City) | (S | State) | (Zip) | | | | | | | | | | | | | Persor | ı ´ | | · | |
| | | Tab | le I - Nor | n-Deriv | ativ | e Se | curit | ies Ac | quir | red, I | Disp | osed o | f, oı | r Ben | eficial | y Owned | | | | |
| | | Date | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | , T | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | | Benefici Owned F | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | С | Code | v | Amount | | (A) or (D) | Price | Reported Transact (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Common | Stock | | | 05/02 | 2/200 | 9 | | | l | M ⁽¹⁾ | | 20,49 | 2 | A | \$0(1) | 62 | 62,253 D | | | |
| Common | Stock | | | 05/02 | 2/200 |)9 | | | 1 | F ⁽²⁾ | | 7,681 | 1 | D | \$2.0 | 7 54 | ,572 | | D | |
| | | - | Гable II - | | | | | | | | | sed of, onvertil | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deeme Execution if any (Month/Day | Date, | Code (Instr | | | | Expi | ate Ex iration nth/Da | Date | | 7. Title and Am of Securities Underlying Derivative Seci (Instr. 3 and 4) | | es Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | i di | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exer | e rcisabl | | xpiration ate | Title | | Amount or Number of Shares | | | | | |
| Restricted Stock | \$0 ⁽¹⁾ | 05/02/2009 | | | M ⁽¹⁾ | | | 20,492 | | (3) | | (4) | Com | nmon | 20,492 | \$0 | 20,49 | 2 | 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.
- $2. \ Represents \ tax \ withholdings \ in \ connection \ with \ the \ 20,492 \ shares \ of \ restricted \ stock \ units \ on \ May \ 2, \ 2009.$
- 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 David B. Wyshner

05/05/2009

** 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.