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 ner resnonse:	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

Name and Address of Reporting Person*     WILSON VIRGINIA M						2. Issuer Name and Ticker or Trading Symbol  CENDANT CORP [ CD ]											5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last) ONE CAM	,	rst)	<b>(N</b> )	/liddle)		3. Date of Earliest Transaction (Month/Day/Year)  04/27/2005  X Officer (give title below)  EVP & CHIEF ACCOU												OUN	Other (s below) TING OF	`		
(Street) PARSIPPA	ANY N.	J	0	7054		4. If												Individual or Joint/Group Filing (Check Appli Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person				
(City)	(Si	tate)		Zip)					-													
Table I - Non-Deriv  1. Title of Security (Instr. 3)  2. Tran Date (Month				saction	ear)	2A. Deemed Execution Date, if any (Month/Day/Yea			3. e, Transactio		4. Securit Disposed 5)	ties A	cquired	(A) or	5. Amou Securitie Beneficia	s ally following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
											Code	v	Amount		(A) or (D)	Price	Transact (Instr. 3	ion(s)			nstr. 4)	
Common S	tock (serie	es desig	gnated CD	stock)	04/2	7/200	//2005				M <sup>(1)</sup>		5,382	5,382		\$0	9,037			D		
Common S	tock (serie	es desig	gnated CD	stock)	04/2	7/200	5				<b>F</b> <sup>(2)</sup>		1,957	7	D	\$19.9	7,	080	D			
			T	able II - I (									sed of, onvertib				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date,		ransaction Code (Instr.				Oate Exe piration I onth/Day	Date		of S Und Deri	itle and a securities lerlying ivative S tr. 3 and	s security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
						Code	v	(A)	(D)	Dat	te ercisable		xpiration ate	Title		Amount or Number of Shares						
Performance - Vesting Restricted Stock Units	\$0	04	4/27/2005			М			5,382	04/	/27/2005 <sup>(</sup>	(3)	(4)	Si (si desi	mmon tock eries gnated stock)	5,382	\$0	37,667	(5)	D		

## Explanation of Responses:

- 1. Represents performance vesting restricted stock units which automatically converted to Common Stock (series designated CD stock) upon the vesting of such units on a one-to-one basis.
- 2. Represents tax withholdings in connection with the vesting of 5,382 shares of performance vesting restricted stock units on April 27, 2005.
- 3. Original grant vests in four equal installments on April 27, 2005, 2006, 2007 and 2008.
- 4. Expiration date not applicable.
- 5. Total reflects adjustment made in connection with the distribution by Cendant of its ownership interest in PHH Corporation to its stockholders.

## Remarks:

<u>Jean M. Sera, by Power of</u> <u>Attorney for Virginia M. Wilson</u>

04/29/2005

\*\* 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.