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 I | hurdon | | | | | | | | |

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

hours per response: 0.5

| 1. Name and Address of Reporting Person* KELLNER LAWRENCE W | | | | | | 2. Issuer Name and Ticker or Trading Symbol Sabre Corp [SABR] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
|--|---|------|-------------------|---|--------------------------|--|---|---------------------|--|-----|---|---|---------------|------------------------------|---|---|---------------------------------------|---|--|-------------|--|
| (Last) (First) (Middle) 3150 SABRE DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/31/2017 | | | | | | | | | X | | er (give title w) | 10% Owner Other (specify below) e Chairman | | | |
| (Street) SOUTHI (City) | | | 76052 Zip) | | 4. If | 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 | | | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, oı | r Ben | eficia | ally | Owne | ed | | | | |
| Date | | | | Date | Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | ities Acquired (A) d Of (D) (Instr. 3, | | | 4 and Secur Benef Owne | | cially I Following | 6. Owr Form: (D) or (I) (Ins | Direct Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | • | Reported Transaction(s) (Instr. 3 and 4) | | | | (111501. 4) | |
| Common Stock | | | | | 05/31/2017 | | | | F ⁽¹⁾ | | 3,803 | B D \$ | | \$22 | 2.5 224,702 | | | D | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | tive Conversion Date Execution Date or Exercise (Month/Day/Year) if any | | Date, sy/Year) | 4. Transaction Code (Instr. 8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration (Month/D | Date Exercisable and Expiration Date Month/Day/Year) Date Expiration Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amour or Numbe of Title Shares | | • | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ow Fo Dir or (I) | vnership rm: rect (D) Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. This transaction represents the automatic surrender of shares to the issuer upon vesting of restricted share units to satisfy the reporting person's tax withholding obligations.

Remarks:

/s/ Christopher Rosa as attorney-in-fact for Lawrence

06/02/2017

W. Kellner

** 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.