SEC Form 4
------------

## FORM 4

Check this box if no longer subject

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	burden
hours per response:	0.5

1. Title of Security	(Instr. 3)		2. Transaction	2A. Deemed	3. Transaction	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a)		5. Amount of	6. Ownership	7. Nature	
	Ta	able I -	Non-Derivat	ive Securities A	cquired, C	Disposed of, or Benef	icially	Owned			
(City)	(State)	(Zip)									
,								Form filed by Mo Person	ore than One Re	porting	
(Street) SOUTHLAKE TX 76092			2				X Form filed by One Reporting Person				
				4. If Amendment, Da	te of Original I	-iled (Month/Day/Year)	6. Indiv Line)	ridual or Joint/Grou	p Filing (Check	Applicable	
3150 SABRE D	RIVE		-								
C/O SABRE CORPORATION			04/09/2021				LACCULIVE				
(Last) (First) (Middle)				3. Date of Earliest Tr	ansaction (Mo	nth/Day/Year)		below)	below) Vice President		
							x	Officer (give title	Other	(specify	
I. Nume and Address of Reporting Leson				2. Issuer Name <b>and</b> Sabre Corp [ S		ing Symbol		tionship of Reporti all applicable) Director	Reporting Person(s) to Issuer ble) 10% Owner		
Instruction 1(b).			Filed p			curities Exchange Act of 1934 Company Act of 1940					
to Section 16. For obligations may					_		_		ated average bur per response:	den 0.5	

1. The of Security (instr.	3)	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Code (	ransaction Disposed Of (D) (Instr. 3, 4 and 5) Code (Instr. )				(D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(1150.4)
Common Stock		04/09/2021		S <sup>(1)</sup>		82,070	D	\$15.3443 <sup>(2)</sup>	339,251	D	

		Tal	ble II - Derivati (e.g., pt					ired, Disp options, c					d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of Expiration Date (Month/Day/Year) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		te Amount of		int of rities rlying ative rity (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					

## Explanation of Responses:

1. The transaction reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan executed by the reporting person and adopted on February 23, 2021.

2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$15.22 to \$15.53, inclusive. The reporting person undertakes to provide to Sabre Corporation, any security holder of Sabre Corporation, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote to this Form 4.

## **Remarks:**

/s/ Steve W. Milton as
attorney-in-fact for David J.
<u>Shirk</u>

\*\* Signature of Reporting Person Date

04/12/2021

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.