FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Section 10. Form 4 or Form 5	

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>Webb Gregory T</u>						2. Issuer Name and Ticker or Trading Symbol Sabre Corp [SABR]									all applic Directo	or 10% Owner			/ner
(Last) 3150 SA	`	irst)) (Middle)					iest Trar	Mon	th/Day/Year)	X	Officer (give title below) Executive Vio			Other (specify below) ce President				
(Street) SOUTHI	LAKE TX 76092 (State) (Zip)				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - I	Non-Deri	ivativ	e Sec	curit	ties Ad	cquire	d, D	isposed o	f, or B	enefic	cially	Owned				
Dat			Date	2. Transaction Date Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Benefic Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	ported insaction(s) str. 3 and 4)			(Instr. 4)
Common Stock 05/07/202						15			M ⁽¹⁾		51,002	A	\$	5	66,386			D	
Common Stock 05/07/20				2015	15			S ⁽¹⁾		39,197	D	\$25.4	972(2)	27,189			D		
		-	Table								sposed of, , converti				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		if any	emed ion Date, /Day/Year)	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	ber					
Options to Purchase Common	\$5	05/07/2015			M ⁽¹⁾			51,002	(3)		06/11/2017	Commo Stock	n 51,0	002	\$0.00	277,948	8	D	

Explanation of Responses:

- $1.\ The\ transactions\ reported\ in\ this\ Form\ 4\ were\ effected\ pursuant\ to\ a\ Rule\ 10b5-1\ trading\ plan\ executed\ by\ the\ reporting\ person\ on\ March\ 2,\ 2015.$
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$25.30 to \$25.6237, 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.
- 3. The stock option was granted on June 11, 2007 and is fully vested and exercisable.

Remarks:

Steve W. Milton as attorney-infact for Gregory T. Webb

** Signature of Reporting Person Date

05/08/2015

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.