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	I

## N 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

Name and Address of Reporting Person*     JONES HUGH W						2. Issuer Name and Ticker or Trading Symbol Sabre Corp [ SABR ]									tionship of Reporting Pall applicable) Director Officer (give title			son(s) to Iss 10% Ov Other (s	/ner
(Last) 3150 SA MD9105	BRE DR	irst)	(Middle)	1		3. Date of Earliest Transaction (Month/Day/Year) 06/23/2015									below)  Executive Vice President				
(Street)	LAKE T	x	76092		_ 4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								i. Indiv ine) X	ividual or Joint/Group Filing (Check Applica Form filed by One Reporting Person Form filed by More than One Reporting Person				n
(City)	(S	tate)	(Zip)																
		Tab	le I - I	Non-Deri	ivativ	e Sec	urit	ies A	cquire	ed, D	isposed o	f, or B	eneficia	ally (	Owned				
1. Title of Security (Instr. 3)			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		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price		Transac (Instr. 3	ction(s)			(IIISU. 4)
Common Stock				06/23/2015				M <sup>(1)</sup>		76,350	A	\$5	i <b>5</b>		60,149		D		
Common Stock 0			06/23/2	2015	015			S <sup>(1)</sup>		76,350	D	\$24.609	93(2)	83,799		D			
		-	Table								posed of, , convertil				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transa Code ( 8)				Expira	e Exerc ation D h/Day/		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		Do	rivative curity str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ow For Dir or I (I) (	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amour or Numbe of Shares	er					
Options to Purchase Common	\$5	06/23/2015			M <sup>(1)</sup>			76,350	(3	3)	06/11/2017	Commo Stock	<sup>n</sup> 76,35	50	\$0	305,40	0	D	

## **Explanation of Responses:**

- 1. The transactions reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan executed by the reporting person on February 25, 2015.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$24.52 to \$24.68, 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 options to purchase shares of Common Stock of the Issuer are fully vested and immediately exercisable.

## Remarks:

Brett Thorstad as attorney-infact for Hugh W. Jones

06/25/2015

\*\* Signature of Reporting Person

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.