FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL										
1	OMB Number:	3235-0287									
	Estimated average burden										
	hours per response:	0.5									

	Check this box if no longer subject
	to Section 16. Form 4 or Form 5
\cup	obligations may continue. See
	Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					1 000		0(11) 0	i tiic i	TIVESTITE	iii 00	Inpany Act (71 10 1								
Name and Address of Reporting Person* Williams Shawn G						2. Issuer Name and Ticker or Trading Symbol Sabre Corp [SABR]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Williams Shawn G</u>					buote corp [ontik]								Direc	ctor		10% Ov	vner			
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)							1 2	Office below	er (give title v)		Other (s	specify		
(Last) (First) (Middle) C/O SABRE CORPORATION						05/15/2023								EVP	EVP and Chief People Officer					
3150 SABRE DRIVE						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
															X Form filed by One Reporting Person					
(Street) SOUTHLAKE TX 76092														Form filed by More than One Reporting Person						
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication														
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					Year) i	Execu f any	eemed ution Date, th/Day/Year)		Transaction Disposed Of (Code (Instr. 5)			es Acquired (A Of (D) (Instr. 3,				icially d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A	() or	Price	Repor Transa	Reported Fransaction(s) Instr. 3 and 4)			(,	
Common Stock 05/15/20						023			A		258,621(1)		A	\$3.48	.48 504,379		379 D			
		Tal	ole II -	Derivativ (e.g., pu											y Owne	ed	,			
						15, V	_					1		lies)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Transaction Code (Instr. 8) Si A (## D oil (Instr. 10) A (## D oil (Instr. 10)			of Deriv Secu Acqu (A) of Dispo	umber (Month/Day/Year)					5 (1	Price of Perivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y C	LO. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	de V (A) (D)		Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	ber							

Explanation of Responses:

1. The Reporting Person received a grant of restricted share units on the transaction date. The restricted share units award vests as follows: 33 1/3% on the first anniversary of the date of grant (5/15/24); 33 1/3% on the second anniversary of the date of grant (5/15/26), subject to the Reporting Person's continued employment with the Issuer through each vesting date.

Remarks:

/s/ Steve Milton, as attorneyin-fact for Shawn Williams

05/17/2023

directly

** 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.