FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| OMB APPROVAL | | | | | | | | | |
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| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average | e burden | | | | | | | | |

0.5

hours per response:

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-4(x). See health stiffs.

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(c). Se | ee Instruction | n 10. | | | | | | | | | | | | | | | | | | |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------|--------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------|---|--|-------------|
| Name and Address of Reporting Person* Randolfi Michael O | | | | 2. Issuer Name and Ticker or Trading Symbol Sabre Corp [SABR] | | | | | | | (Che | 5. Relationship of Reportin (Check all applicable) Director | | | 10% Ov | wner | | | | |
| (Last) (First) (Middle) C/O SABRE CORPORATION 3150 SABRE DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/15/2024 | | | | | | | | Officer (give title Other (specify below) EVP and CFO | | | | | | | |
| (Street) SOUTHLAKE TX 76092 (City) (State) (Zip) | | | | | | 4. If A | , | | | | | | | | p Filing (Check Applicable e Reporting Person re than One Reporting | | on | | | |
| | | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | 3ene | ficial | ly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acqui Disposed Of (D) (In 5) | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | | Code | v | Amount | (A) (D) | or I | Price | Transa (Instr. 3 | ction(s) | | | (111511. 4) |
| Common Stock 09/15/2 | | | | | 2024 | | | | F ⁽¹⁾ | | 14,320 | Ι | | \$3.22 | 86 | 2,730 | | 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 | | | Transaction of Code (Instr. Derivative | | vative irities ired r osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | str. | . Price of Perivative Security Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | y G F D o (I | 0. Ownership form: Direct (D) or Indirect () (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| | | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Num of Shar | ber | | | | | |

Explanation of Responses:

1. This transaction represents the automatic surrender of shares to the Issuer upon vesting of restricted shares units to satisfy the Reporting Person's tax withholding obligations.

Remarks:

/s/ Steve Milton, as attorneyin-fact for Michael Randolfi

09/17/2024

** 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.