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
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number: 3235-028									
	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* MENKE SEAN E					2. Issuer Name and Ticker or Trading Symbol Sabre Corp [SABR]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
WENKE SEAN E									=				X	Direc	tor		10% O	wner		
(Last)	(Fi	rst) (N	Middl	e)	Date of Earliest Transaction (Month/Day/Year)									X	Officer (give title below)			Other (below)	specify	
C/O SABRE CORPORATION				06/14/2021									President and CEO							
3150 SABRE DRIVE																				
					4. If Amendment, Date of Original Filed (Month/Day/Year)								r) 6	6. Individual or Joint/Group Filing (Check Applicable						
(Street)						The state of the s									Line)					
SOUTHLAKE TX 76092													X Form filed by One Reporting Person							
															Form Perso	filed by Moi	re tha	ın One Rep	orting	
(City)	(St	ate) (2	Zip)																	
		Table	1 - 1	Non-Deriva	tive	Secui	rities	Ac	quir	ed, Di	isposed (of, or	Benefic	ially	Own	ed				
1. Title of S	Security (Ins	tr. 3)		2. Transaction		2A. Deemed			3. 4. Securities Ad					5. Am		ount of 6			7. Nature	
Date (Month/Day/Yea					ear) if	Execution Date if any (Month/Day/Yea		Code (Instr.			Disposed Of (D) (Instr. 3, 4 ar			5)	Securities Beneficially Owned Following		(D) d Indii	Form: Direct (D) or Indirect (I)	of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price			orted (Ir nsaction(s) tr. 3 and 4)		nstr. 4)	(Instr. 4)	
Common Stock 06/14/2021					21			S ⁽¹⁾		20,000	D	\$14.0199(2)		1,094,270			D			
		Tal	ble i	II - Derivati	ve S	ecurit	ties A	/ca	uire	d. Dis	posed of	or B	eneficia	llv C)wne	d				
											converti					-				
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any				Transaction Code (Instr. 3)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)			le and unt of irities erlying vative irity (Instr. 1 4)	Deri Sec (Ins	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code V (A)		(D)	Dat Exe	te ercisable	Expiration Date	ration o									

Explanation of Responses:

- 1. This 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 26, 2021.
- 2. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$13.85 to \$14.55, 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 Sean

06/16/2021

Menke

** 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.