FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP | ROVAL |
|-------------|---------|
| OMB Number: | 3235-02 |

| CI | neck this box if no longer subject to |
|-----|---------------------------------------|
| Se | ection 16. Form 4 or Form 5 |
| ob | ligations may continue. See |
| In: | struction 1(b). |

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

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|--------------------------|-------|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

| 1. Name and Address of Reporting Person* <u>KELLNER LAWRENCE W</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Sabre Corp [SABR] | | | | | | | | ck all applica | tionship of Reporting all applicable) Director | | Person(s) to Issuer 10% Owner | | |
|--|---|-------------|---|-----------|---|----------|-----------------------------|--|-----------|--|--|----------|--|--|--|-----------------------------------|--|---------------------------------------|
| (Last) 3150 SA | (F BRE DRIV | First) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 12/15/2016 | | | | | | | | Officer (below) | Officer (give title below) | | Other (s below) | pecify | |
| (Street) SOUTHI | | X State) | 76052 (Zip) | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Ind Line) | Form fil | Joint/Group Filing (Check Applicable filed by One Reporting Person filed by More than One Reporting on | | | | | |
| | ` | , | ble I - Non- | -Derivati | ve S | ecuritie | s Acc | quired, | Dis | posed c | of, or E | Benef | ficially | 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. | | 4. Securi | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | | 5. Amoun | s lly ollowing | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | (A) or (D) | | Price | Transacti (Instr. 3 a | on(s) | | | (111301.4) |
| Common Stock 1 | | | 12/15/20 | 5/2016 | | A | | 39,324 ⁽¹⁾ A | | \$ <mark>0</mark> | 231,823 | | | D | | | | |
| | | | Table II - D | e.g., put | | | | , | | | • | | • | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date if any (Month/Day/Ye | Code | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction | e s illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | | Date Exercisabl | | Expiration Date | Title | or Nu | nount ımber Shares | | (Instr. 4) | on(s) | | |
| Options to Purchase Common Stock | \$25.43 | 12/15/2016 | | A | | 214,133 | | (2) | 1 | 2/15/2026 | Commo Stock | | 14,133 | \$0 | 214,13 | 33 | D | |

Explanation of Responses:

- 1. The Reporting Person received a grant of restricted stock units on the transaction date. The restricted stock units will vest in three approximately equal annual installments on the first three anniversary dates of the grant date, subject to his continued provision of services to Sabre through the applicable anniversary date.
- 2. The stock options will vest in three approximately equal annual installments on the first three anniversary dates of the grant date, subject to his continued provision of services to Sabre through the applicable anniversary date.

Remarks:

/s/ Steve W. Milton as attorneyin-fact for Lawrence W. Kellner

12/19/2016

** 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.