FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20040

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP				
	STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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hours per response:	0.5									

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

1. Name and Address of Reporting Person* KLEIN THOMAS						2. Issuer Name and Ticker or Trading Symbol Sabre Corp [SABR]									tionship of all applica Director	10% Owner			
(Last) 3150 SA MD9105	BRE DR	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 08/28/2015								X	X Officer (give title Other (specify below) CEO, President					
(Street) SOUTHLAKE TX 76092 (City) (State) (Zip)				4. 	4. If Amendment, Date of Original Filed (Month/Day/Year)									Form filed by One Reporting Person Form filed by More than One Reporting Person					
(0.5)			,	Non-De	rivati	ative Securities Acquired, Disposed of, or Beneficially Owned													
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day			action	on 2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and		A) or		5. Amour Securitie Beneficia Owned F	s ally ollowing	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 08/28/20				/2015	15		M ⁽¹⁾		103,986	A	\$5	\$5 3		0,818		D			
Common Stock 08/28/20				/2015	15		M ⁽¹⁾		34,370	A	\$5	\$5		425,188		D			
Common Stock 08/			08/28	/2015	015 s ⁽¹⁾ 138,356 D \$27.				\$27.718	184 ⁽²⁾ 286,832 D									
			Table I								posed of, , convertil			y Ov	vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/E	n Date,	4. Transa Code (8)				6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		Derivativ Security		9. Number derivative Securities Beneficial Owned Following Reported Transacti	e O S Fe Illy D oi I (!)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Share			(Instr. 4)	on(s)		
Options to Purchase Common Stock	\$5	08/28/2015			M ⁽¹⁾			103,986	(3))	06/11/2017	Common Stock	103,98	36	\$0	0		D	
Options to Purchase Common	\$5	08/28/2015			M ⁽¹⁾			34,370	(3)	06/11/2017	Common Stock	34,37	0	\$0	600,130	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 \$27.51 to \$28.00, 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 stock option was granted on June 11, 2007 and is fully vested and exercisable.

Remarks:

/s/ Steve W. Milton as attorneyin-fact for Thomas Klein

09/01/2015

** 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.