SEC Form 4	
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(First)

C/O CERTARES MANAGEMENT LLC

(Last)

(Middle)

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to Sec obligat	this box if no lo tion 16. Form 4 tions may contin ttion 1(b).	or Form 5	S	Filec	l pursi	uant t	o Sectio	n 16	(a) of th	ne Se	curities Excha	nge Act	of 1934	RSHIP		OMB Num Estimated hours per i	averag	e burde	235-0287 1 0.5
1. Name and Address of Reporting Person* Certares LTRIP LLC				2. 19	or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol <u>TripAdvisor, Inc.</u> [TRIP]							5	5. Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) C/O CERTARES MANAGEMENT LLC 350 MADISON AVENUE, 8TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 06/08/2021								Officer (give title Other (specify below) below)				pecify		
(Street) NEW YORK NY 10017				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person						
(City)	(St		Zip)		<u> </u>	-		- •			<u></u>			·	1				
Table I - Non-Derivat 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea)			i 2 i ear) i	eemed Ition Dat	emed on Date,		ed, I action (Instr.	4. Securities Disposed Of 5)	Acquire	d (A) or	5. Amount of		6. Ownershi Form: Direc (D) or Indirect (I) (Instr. 4)		7. Natu Indirec Benefi Owner (Instr.	t cial ship			
								Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				ļ		
Common Stock 06/08/2021			1	1		Α		6,002	A	\$0.00	16,682		Ι		See Footnotes ⁽¹⁾⁽²⁾				
		Та	ble	ll - Derivat (e.q., pt	ive S uts, c	ecu alls	irities , wari	Ace ant	quire s, op	d, Di tion	sposed of s, convert	f, or B ible s	eneficia ecuritie	ally Owne s)	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year) i	Exe if a	. Deemed ecution Date, .ny onth/Day/Year)	4. Transaction Code (Instr. 8) Code (Instr. 8) Code (Instr. 8) Code (Instr. 8) Code (Instr. 8) Code (Instr. 9) Code (Instr.		ivativ uritie uirec or oose D) tr. 3,	Expiration (Month/Da ed			Amo Secu Und Deri	tle and bunt of urities erlying vative urity (Instr. d 4)	Derivative Security (Instr. 5)	deriv Secu Bene Owne Follo Repo Trans	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		ership 1: ct (D) direct 1str. 4)	Beneficia Ownersh t (Instr. 4)	
					Code	v	(A)	(D) Dat	te ercisal	Expiratio	n Title	Amount or Number of Shares						
		Reporting Person	*					_											
	es LTRIP					_													
	RTARES M	(First) ANAGEMENT ENUE, 8TH FL	LL																
(Street)						-													
NEW YO		NY		10017		_													
		(State) Reporting Person [*] Gregory		(Zip)		_													
	RTARES M	(First) ANAGEMENT ENUE, 8TH FL	LL			_													
(Street) NEW Y				10017		-													
(City)		(State)		(Zip)		-													
	nd Address of es Holding	Reporting Person [*]	k																

350 MADISON AVENUE, 8TH FLOOR								
(Street) NEW YORK	NY	10017						
(City)	(State)	(Zip)						
1 Name and Address	of Reporting Person*							
1. Name and Address of Reporting Person* <u>Certares Holdings (Blockable) LLC</u>								
(Last)	(First)	(Middle)						
C/O CERTARES MANAGEMENT LLC 350 MADISON AVENUE, 8TH FLOOR								
·								
(Street) NEW YORK	NY	10017						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* Certares Holdings (Optional) LLC								
(Last)	(First)	(Middle)						
	MANAGEMENT LL							
350 MADISON A	VENUE, 8TH FLOC)K						
(Street) NEW YORK	NY	10017						
(City)	(State)	(Zip)						
1. Name and Address	of Reporting Person*							
<u>Certares Manag</u>								
(Last) 350 MADISON A	(First) VENUE, 8TH FLOC	(Middle) DR						
(Street)								
NEW YORK	NY	10017						
(City)	(State)	(Zip)						
1. Name and Address Clementine Inv								
(Last)	(First)	(Middle)						
	MANAGEMENT LL							
350 MADISON AVENUE, 8TH FLOOR								
(Street)	NX	10017						
NEW YORK	NY	10017						
(City)	(State)	(Zip)						
1. Name and Address Pemrose Corp	of Reporting Person [*]							
(Last)	(First)	(Middle)						
C/O CERTARES M	MANAGEMENT LI	.C						
350 MADISON A	VENUE, 8TH FLOC)R						
(Street) NEW YORK	NY	10017						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* FARMER COLIN MICHAEL								
(Last)	(First)	(Middle)						

C/O CERTARES MANAGEMENT LLC 350 MADISON AVENUE, 8TH FLOOR (Street) NEW YORK NY 10017

(State)

(Zip)

Explanation of Responses:

1. Represents securities granted under the Issuer's 2018 Stock and Annual Incentive Plan to Mr. O'Hara in consideration for services rendered as a member of the Issuer's Board of Directors. Mr. O'Hara is an employee of Certares Management LLC or one of its affiliates. Pursuant to policies of Certares Management LLC and its affiliates (collectively, "Certares"), Mr. O'Hara holds such securities for the benefit of Certares, including one or more of the Reporting Persons.

2. Each of the Reporting Persons disclaims beneficial ownership of the securities reported herein, except to the extent of such Reporting Person's pecuniary interest therein, and, pursuant to Rule 16a-1(a) (4) under the Securities Exchange Act of 1934, each of the Reporting Persons states that the inclusion of these securities in this report shall not be deemed an admission of beneficial ownership of all of the reported securities for purposes of Section 16 or for any other purpose.

Remarks:

(City)

CERTARES LTRIP LLC, By: /s/ Linda C. Frazier as Attorney-in-Fact	<u>06/10/2021</u>
CERTARES HOLDINGS LLC, By: /s/ Linda C. Frazier as Attorney-in-Fact	<u>06/10/2021</u>
CERTARES HOLDINGS (BLOCKABLE) LLC, By: /s/ Linda C. Frazier as Attorney- in-Fact	<u>06/10/2021</u>
CERTARES HOLDINGS (OPTIONAL) LLC, By: /s/ Linda C. Frazier as Attorney- in-Fact	<u>06/10/2021</u>
<u>CERTARES</u> <u>MANAGEMENT LLC, By:</u> <u>/s/ Linda C. Frazier as</u> <u>Attorney-in-Fact</u>	<u>06/10/2021</u>
CERTARES LTRIP LLC, By: /s/ Linda C. Frazier as Attorney-in-Fact	<u>06/10/2021</u>
CLEMENTINE INVESTMENTS LLC, By: /s/ Linda C. Frazier as Attorney- in-Fact	<u>06/10/2021</u>
PEMROSE CORPORATION, By: /s/ Linda C. Frazier as Attorney-in-Fact	<u>06/10/2021</u>
<u>MICHAEL GREGORY</u> <u>O'HARA, By: /s/ Linda C.</u> <u>Frazier as Attorney-in-Fact</u>	<u>06/10/2021</u>
COLIN M. FARMER, By: /s/ Linda C. Frazier as Attorney- in-Fact	<u>06/10/2021</u>
** 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.