FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHA	NGES IN	N BENEFICIAL	. OWNERSHIP

ı	OMB APPRO	VAL
	OMB Number:	3235-0287
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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

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1. Name and Address of Reporting Person [*] Halpin Dermot					2. Issuer Name and Ticker or Trading Symbol TripAdvisor, Inc. [TRIP]								eck all applic	tionship of Reporting Person(s) to Issuer (all applicable) Director 10% Owner				
	(F PADVISOF AVENUE	,	(Middle)			Date o /20/20		iest Tran	saction (N	Month	n/Day/Year)		helow)	Officer (give title below) President, Va		Other (s below) n Rentals	pecify	
(Street) NEEDHAM MA 02494 (City) (State) (Zip)				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tak	le I - N	on-Der	ivativ	e Se	curit	ties Ac	quired	, Di	sposed o	f, or Be	neficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,				s Acquired (A) or f (D) (Instr. 3, 4 and 5)		Securition Beneficition Owned I	5. Amount of Securities Beneficially Owned Following		n: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)		[Instr. 4)
Common Stock, Par Value \$.001 Per Share 11/20/20				/2015	15		М		12,000	A	\$45.27	12	,900		D			
Common Stock, Par Value \$.001 Per Share 11/20/20				/2015	15		D		10,500	D	\$85.688	2,400			D			
Common Stock, Par Value \$.001 Per Share 11/20/20			/2015)15		D		1,500	D	\$85.67	2) 9	900		D				
		-	Table II								posed of, convertil			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transa Code (8)				6. Date Exercisable Expiration Date (Month/Day/Year)		ate	le and 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	re es ally g d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$45.27	11/20/2015			M			12,000	02/15/20	014	02/27/2020	Common Stock	12,000	\$0	13,533	3	D	

Explanation of Responses:

- 1. The transaction was executed in multiple trades with a weighted average sales price of \$85.6880. The reporting person undertakes to provide information regarding the number of shares and prices at which the transaction was effected upon request of the SEC staff, the issuer or a security holder of the issuer.
- 2. The transaction was executed in multiple trades with a weighted average sales price of \$85.67. The reporting person undertakes to provide information regarding the number of shares and prices at which the transaction was effected upon request of the SEC staff, the issuer or a security holder of the issuer.

<u>/s/ Linda C. Frazier, attorney in</u> 11/24/2015 **fact**

** 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.