FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|----------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average bu | ırden | | | | | | | | |

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>Halpin Dermot</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol TripAdvisor, Inc. [TRIP] | | | | | | | (Che | elationship c ck all applic Directo | able) r | g Perso | 10% Ov | /ner | |
|---|---|--|---|---------------------------------|---|--|------|-----------------------|--|-------------------------|---|-----------------------------------|---|--|---|------------|---|-------|
| (Last) (First) (Middle) C/O TRIPADVISOR, INC. 400 1ST AVENUE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/03/2016 | | | | | | | | below) | (give title sident, Va | catior | Other (s below) 1 Rentals | респу |
| (Street) NEEDHA | AM M | | 02494 (Zip) | | 4. | | | | | | | Line | dividual or Joint/Group Filing (Check Applicable) K Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | 1 | |
| | | Tal | ole I - No | n-Der | ivativ | e Se | curi | ties Ac | quired | Dis | sposed of | f, or Ber | neficially | / Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | tion 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 1) | | (A) or 3, 4 and 5) | Beneficia Owned F | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 | tion(s) | | | (Instr. 4) | | |
| Common Stock, Par Value \$.001 Per Share 03/03/ | | | 3/2016 | 2016 | | М | | 10,000 | A | \$45.27 | 12,926 | | | D | | | | |
| Common Stock, Par Value \$.001 Per Share 03/03/2 | | | 3/2016 | 2016 | | S | | 10,000 | D | \$65.31 ⁽ | 2, | 926 | | D | | | | |
| | | | Table II | | | | | | | | osed of, convertib | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transactio Code (Inst | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownersh Form: Direct (D or Indirect (I) (Instr. | Ownership | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | ole | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Option (Right to | \$45.27 | 03/03/2016 | | | M | | | 10,000 | 02/15/201 | .4 ⁽²⁾ | 02/27/2020 | Common Stock | 10,000 | \$0 | 56,66 | 7 | D | |

Explanation of Responses:

1. The transaction was executed in multiple trades with a weighted average sales price of \$65.31. 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.

 $2. \ All \ of such options are currently exercisable.$

/s/ Linda C. Frazier, attorney in 63/07/2016

** 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.