(Street) NEW YORK

(City)

(Last)

NY

(State)

(First) C/O CERTARES MANAGEMENT LLC

1. Name and Address of Reporting Person* Certares Holdings LLC

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Footnotes⁽²⁾⁽³⁾

11. Nature of Indirect Beneficial Ownership (Instr. 4)

| OMB Number: | 3235-0287 | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| Estimated average burden | | | | | | |
| hours per response: | 0.5 | | | | | |

| | | | | | | | | Ĩ | ton, D.C. : | | | | | | | ļ | | | PROV | |
|--|---|--|---|--|--|--------------------|--|----------------------------------|------------------------|--------------|-------------------------------------|--|--|---|----------------------|---|---|---|--------------------------------|--------------------------------|
| to Sect | this box if no lo tion 16. Form 4 | or Form 5 | STATEME | NT | OF C | HAN | IGE | ES | S IN B | E١ | NEFICI | AL (| OWN | ERS | HIP | | OMB Numl Estimated | average | e burder | |
| | ions may contii tion 1(b). | iue. 5 <i>ee</i> | File | d purs or | suant to Section | Sectior 30(h) c | n 16(a of the | a) (In | of the Sec vestment | uriti Cor | ies Exchar mpany Act | nge Act of 1940 | of 1934) | | | | hours per r | espons | se: | 0.5 |
| 1. Name and Address of Reporting Person [*] Certares LTRIP LLC | | | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | | 5. Relationship of (Check all applica X Director | | licable | Reporting Person(s) to Iss ble) 10% Own | | | | |
| (Last) (First) (Middle) C/O CERTARES MANAGEMENT LLC | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/14/2022 | | | | | | | | Officer (g below) | | | | | other (sj elow) | pecify | |
| 350 MADISON AVENUE, 8TH FLOOR | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) 06/16/2022 | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | | |
| (Street) NEW YORK NY 10017 | | | | | | | | | | | | | Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person | | | | | | | |
| (City) | (St | | Zip) | | | | | | | | | | | | | | | | | |
| | | | I - Non-Deriva | | | | | - | uired, C | <u> </u> | - | - | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y | | | | Execution if any | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transactior Code (Instr 8) | | | | Acquired (A) or (D) (Instr. 3, 4 | | 5. Amount of Securities Beneficially Owned Follow Reported | | | 6. Owner: Form: Dir (D) or Ind (I) (Instr. | rect lirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | (| Co | ode V | Ar | mount | (A) or (D) | Price | Trar (Ins | saction tr. 3 and | (s) 4) | | | | |
| Common Stock | | | | | | | | | | | | | | 1,713,85 | | 9 ⁽¹⁾ | I | | See Footnotes ⁽² | |
| | | Tal | ble II - Derivat (e.g., p | | | | | | | | | | | | Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date Ex (Month/Day/Year) if a | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Trai | 4. Transaction Code (Instr. | | umber vative urities uired r osed) r. 3, 4 5) | Expiratio (Month/D es d | | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | deriva Secur Bene Owne Follov Repo | rities ficially ed wing orted saction(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | t (D) tirect | Benefic Owners (Instr. 4 |
| | | | | Cod | le V | (A) | (D) | | Date Exercisab | le | Expiratior Date | n Title | Amou or Numb of Shares | er | | | | | | |
| | nd Address of | Reporting Person* | | | | | | _ | | | | _ | | | | | | | | |
| (Last) C/O CEF | RTARES M | (First) ANAGEMENT ENUE, 8TH FLO | | | | | | | | | | | | | | | | | | |
| (Street) NEW YO | ORK | NY | 10017 | | | | | | | | | | | | | | | | | |
| (City) | | (State) | (Zip) | | | | | | | | | | | | | | | | | |
| | nd Address of Michael | Reporting Person [*] Gregory | | | | | | | | | | | | | | | | | | |
| | RTARES M | (First) ANAGEMENT ENUE, 8TH FLO | | | | | | | | | | | | | | | | | | |

10017

(Zip)

(Middle)

| 350 MADISON A | VENUE, 8TH FLOC | DR | | | | | | |
|--|----------------------------------|-----------|--|--|--|--|--|--|
| (Street) | | | | | | | | |
| NEW YORK | NY | 10017 | | | | | | |
| (City) | (State) | (Zip) | | | | | | |
| 1. Name and Address of Reporting Person* | | | | | | | | |
| Certares Holdings (Blockable) LLC | | | | | | | | |
| (Last) | (First) | (Middle) | | | | | | |
| | C/O CERTARES MANAGEMENT LLC | | | | | | | |
| 350 MADISON A | VENUE, 8TH FLOC | JK | | | | | | |
| (Street) NEW YORK | NY | 10017 | | | | | | |
| (City) | (State) | (Zip) | | | | | | |
| 1. Name and Address | of Reporting Person [*] | | | | | | | |
| Certares Holdin | ngs (Optional) Ll | <u>LC</u> | | | | | | |
| (Last) | (First) | (Middle) | | | | | | |
| C/O CERTARES N | MANAGEMENT LI | .C | | | | | | |
| 350 MADISON AV | VENUE, 8TH FLOC | DR | | | | | | |
| (Street) | | | | | | | | |
| NEW YORK | NY | 10017 | | | | | | |
| (City) | (State) | (Zip) | | | | | | |
| 1. Name and Address | | | | | | | | |
| Certares Manag | <u>gement LLC</u> | | | | | | | |
| (Last) | (First) | (Middle) | | | | | | |
| 350 MADISON A | VENUE, 8TH FLOC | | | | | | | |
| | | | | | | | | |
| (Street) NEW YORK | NY | 10017 | | | | | | |
| | | | | | | | | |
| (City) | (State) | (Zip) | | | | | | |
| 1. Name and Address | | | | | | | | |
| Clementine Inv | estments LLC | | | | | | | |
| (Last) | (First) | (Middle) | | | | | | |
| C/O CERTARES N | MANAGEMENT LI | | | | | | | |
| 350 MADISON A | VENUE, 8TH FLOC |)R | | | | | | |
| (Street) | | | | | | | | |
| NEW YORK | NY | 10017 | | | | | | |
| (City) | (State) | (Zip) | | | | | | |
| 1. Name and Address | of Reporting Person [*] | | | | | | | |
| Pemrose Corp | | | | | | | | |
| (Last) | (First) | (Middle) | | | | | | |
| C/O CERTARES N | MANAGEMENT LI | .C | | | | | | |
| 350 MADISON AV | 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 | | | | |
|----------------------|---------|-------|--|--|--|--|
| (City) | (State) | (Zip) | | | | |

Explanation of Responses:

1. The Form 4 filed by the Reporting Persons on June 16, 2022 is being amended solely to include the 1,713,859 shares of Common Stock held by Certares LTRIP LLC which were inadvertently omitted as a holding of the Reporting Persons on the Form 4. Such shares were also inadvertently not included on the Form 4 filed by the Reporting Persons on June 10, 2021.

2. Reflects securities held directly by Certares LTRIP LLC. Certares Holdings LLC, Certares Holdings (Blockable) LLC and Certares Holdings (Optional) LLC are members of Certares LTRIP LLC. Certares Management LLC is the manager of each of Certares LTRIP LLC, Certares Holdings LLC, Certares Holdings (Blockable) LLC and Certares Holdings (Optional) LLC. Certares Management LLC is the manager of each of Certares LTRIP LLC, Certares Holdings LLC, Certares Holdings (Blockable) LLC and Certares Holdings (Optional) LLC. Certares Management LLC is the manager of each of Certares LTRIP LLC, Certares Holdings (Blockable) LLC and Certares Holdings (Optional) LLC. Certares Management LLC is controlled by Clementine Investments LLC, an entity controlled by M. Gregory O'Hara, and Pemrose Corporation, an entity wholly-owned by Colin Farmer. Mr. O'Hara serves as a director of the Issuer and each of the Reporting Persons may be deemed to be a director by deputization of the Issuer.

3. 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:

CERTARES LTRIP LLC, By: Certares Management LLC, its Managing Member By: /s/ 03/16/2023 Thomas LaMacchia, Name: Thomas LaMacchia, Title: General Counsel CERTARES HOLDINGS LLC, By: Certares Management LLC, its Managing Member By: /s/ 03/16/2023 Thomas LaMacchia, Name: Thomas LaMacchia, Title: General Counsel **CERTARES HOLDINGS** (BLOCKABLE) LLC, By: Certares Management LLC, its Managing Member By: /s/ 03/16/2023 Thomas LaMacchia, Name: Thomas LaMacchia, Title: General Counsel **CERTARES HOLDINGS** (OPTIONAL) LLC, By: Certares Management LLC, its Managing Member By: /s/ 03/16/2023 Thomas LaMacchia, Name: Thomas LaMacchia, Title: General Counsel CERTARES MANAGEMENT LLC, By: /s/ Thomas LaMacchia, Name: 03/16/2023 Thomas LaMacchia, Title: General Counsel **CLEMENTINE INVESTMENTS LLC, By: /s/** Michael Gregory O'Hara, 03/16/2023 Name: Michael Gregory O'Hara, Title: Sole Voting Member PEMROSE CORPORATION. By: /s/ Colin M. Farmer, 03/16/2023 Name: Colin M. Farmer, Title: President MICHAEL GREGORY O'HARA, /s/ Michael Gregory 03/16/2023 O'Hara COLIN M. FARMER, /s/ 03/16/2023 Colin M. Farmer ** 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.