FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549	OMB APPROVAL				
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number: Estimated average burde	3235-0287 len			
Filed average to Costine 10(a) of the Conviting Evaluation Act of 1004	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* TEUNISSEN ERNST 02494						2. Issuer Name and Ticker or Trading Symbol TripAdvisor, Inc. [TRIP]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
TEUNI	SSEN EI	RNST 02494			1	<u> 1 7 1</u>	<u>uvisoi</u> ,	IIIC	<u>. [11011]</u>						Directo	•		10% Ow	
			00.111.		- 2 [Data c	of Earlinet	Tranc	action (Mon	th/D:	av/Voar)			X	Officer below)	(give title		Other (s below)	pecify
(Last) (First) (Middle) C/O TRIPADVISOR, INC.					3. Date of Earliest Transaction (Month/Day/Year) 12/20/2019								Chief Financial Officer						
400 1ST	AVENUE																		
					_ 4.1	If Ame	ndment, [Date o	f Original Fil	led (Month/Da	ıy/Year)		. Indi ine)	vidual or J	loint/Group F	iling ((Check App	olicable
(Street)														X	Form fi	led by One I	Repor	ting Persor	1
NEEDH	AM M	M MA 02494													Form filed by More than One Reporting				
(City)	(S	tate)	(Zip)												Persor				
		Tab	le I - Nor	n-Deriv	vativ	e Se	curities	Acc	guired, D	isp	osed o	f, or Be	neficia	ally	Owned				
1. Title of Security (Instr. 3) 2. Transac													ed (A) or		5. Amou	nt of 6. O		nership 7	7. Nature
Date			Date (Month/	Date (Month/Day/Year)		Execution Date if any (Month/Day/Yea		Code (Ins				str. 3, 4 a	nd	Securities Beneficially Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect E str. 4)	of Indirect Beneficial Ownership	
								Code V	,	Amount (r Price	•	Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)	
		-	Table II -						uired, Dis , options						wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		Derivative Security		9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	, (Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisable		expiration Date	Title	Amour or Number of Shares	er					
Restricted Stock	\$0 ⁽¹⁾	12/20/2019			A		84,830		12/20/2020	12	2/21/2021	Common Stock	84,83	0	\$0	84,830		D	

Explanation of Responses:

1. Date at which first vesting occurs is indicated. One-half of the total number of RSUs vest on the first vesting date and an additional one-half vest on second anniversary of the vesting date. Upon vesting, shares will be issued on a one-for-one basis.

/s/ Linda C. Frazier, attorney in

fact

** Signature of Reporting Person

Date

12/23/2019

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.