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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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|---|-----------------------|-----------|
| | OMB Number: | 3235-0287 |
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|--------------------------|-----|
| hours per response: | 0.5 |

| 1. Name and Address of Reporting Person* <u>MAFFEI GREGORY B</u> | | | 2. Issuer Name and Ticker or Trading Symbol <u>TripAdvisor, Inc.</u> [TRIP] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---------|----------|---|---|-----------------------------------|--------------------------|--|--|--|
| | | | | X | Director | 10% Owner | | | |
| (Last) (First) (Middle) C/O TRIPADVISOR, INC. 141 NEEDHAM STREET | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 02/15/2013 | | Officer (give title below) | Other (specify below) | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | idual or Joint/Group Filing | | | | |
| (Street) | | | | X | Form filed by One Repo | rting Person | | | |
| NEWTON | MA | 02464 | | | Form filed by More than Person | One Reporting | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | 4. Securities Disposed Of (5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|-----------------------------|---|--------------------------------------|---------------|---------------------------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130.4) |
| Common Stock | 02/15/2013 | | A | | 3,377(1) | A | \$0 ⁽²⁾ | 3,377 | D | |
| Common Stock | | | | | | | | 1,938 | Ι | By Maffei Foundation |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | | | | | | | | - | | | - | | | | | |
|---|---|--|---|------------------------------|---|--|---|---------------------|---|-------|---|--|---|--|----------------------------------|--|
| 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) | | of Deriv Secu Acqu (A) or Dispo of (D) (Instr | of Expiration Date Derivative (Month/Day/Year) Securities Acquired (A) or | | of Expiration Date Oerivative (Month/Day/Year) Securities Acquired A) or Disposed of (D) Instr. 3, 4 | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Explanation of Responses:

1. Represents shares underlying Restricted Stock Units (the "RSUs") granted under the Issuer's 2011 Stock and Annual Incentive Plan that vest with respect to 33 1/3% of the RSUs on the first and second anniversaries of the grant date (February 15, 2013) and the remainder on the third anniversary of the grant date.

2. The RSUs were received as an award for no consideration.



02/20/2013

** Signature of Reporting Person Da

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.

Date