FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washi

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ington, D.C. 20549 | П | Г |
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| OMB APPROVAL | | | | | | | | | |
|----------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average bu | ırden | | | | | | | | |
| 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* <u>KAUFMAN VICTOR</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol TripAdvisor, Inc. [TRIP] | | | | | | | | | | c all applic Directo | able) r | g Pers | on(s) to Issi | | | |
|--|---|--|--|---------------------|-------------------------------|--|-------|---|--------------------------------|--------------------|------------------|---------------------------|-----------------|---------------------------------------|----------|---|--|-----------------------------------|--|--|--|--|
| (Last) (First) (Middle) C/O TRIPADVISOR, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/21/2012 | | | | | | | | | | Officer below) | (give title | | Other (s below) | pecify | | |
| 141 NEEDHAM STREET | | | | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) NEWTON MA 02464 | | | | | | | | | | | | | | | ne) X | • | | | | | | |
| (City) | (Si | tate) | (Zip) | | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | n-Deriv | ative | e Se | curit | ies A | cquire | d, Di | spose | d of, | or Bei | nefici | ally | Owned | <u> </u> | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans. Date (Month/I | | | | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Yea | | e, Transaction Dispose Code (Instr. 5) | | | | es Acquire Of (D) (Ins | | 4 and Securit Benefic Owned | | s ally following | Form (D) or | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | | le V | Amo | unt | t (A) or P | | e | Reported Transact (Instr. 3 a | tion(s) | | | (Instr. 4) | | |
| Common Stock 12/21 | | | | | /2012 | | | N | | 1, | 1,807 A | | \$ | 0 | 5,406 | | | D | | | | |
| | | - | Гable II - | Derivat (e.g., p | | | | | | | | | | | | wned | | | | | | |
| 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/Day | Date, T | 1. Fransa Code (1 3) | | | | 6. Date Expirati (Month/ | on Date | | Amount of | | f g Securit | S (I | Price of erivative ecurity istr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | c | Code | v | (A) | (D) | Date Exercis | able | Expirati Date | | Title | Amour or Number of Shares | er | | | | | | | |
| Restricted Stock | \$0 | 12/21/2012 | | | M | | | 1,807 | 12/21/2 |)12 ⁽¹⁾ | 12/21/20 | 014 | Common Stock | 1,80 | 7 | \$0 | 3,614 | | D | | | |

Explanation of Responses:

1. Date at which first vesting has occured is indicated. One-third of the total number of Restricted Stock Units (the "RSUs") vest on the first vesting date and an additional one-third each anniversary thereafter until the RSUs are fully vested.

/s/ Suzanne Filippi, attorney-in-12/21/2012

** 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.