FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| l | OMB APPROVAL | | | | | | | | |
|---|------------------------|-----------|--|--|--|--|--|--|--|
| ı | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burd | en | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | |

| | Check this box if no longer subject to |
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| \neg | Section 16. Form 4 or Form 5 |
| J | 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* Kaufer Stephen | | | | | | 2. Issuer Name and Ticker or Trading Symbol TripAdvisor, Inc. [TRIP] | | | | | | | | | | tionship of Reporting Per all applicable) Director | | 10% Owner | | |
|--|---|--|---|--------|-------------------|--|-----------|------------|------------------------------------|-------------------|---|---|--|----------------------------------|---|---|--|--|--|--|
| (Last) (First) (Middle) C/O TRIPADVISOR, INC. 141 NEEDHAM STREET | | | | | Date o | | est Trans | saction (I | Month | Day/Year) |) | Officer (give title below) President and CEO | | | | :респу | | | | |
| (Street) NEWTON MA 02464 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Form fi | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - No | n-Deri | vativ | e Se | curit | ies Ac | quired | l, Dis | sposed o | of, or I | Bene | ficiall | y Owned | | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code | Transaction Code (Instr. | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | Securitie Benefici Owned F | neficially ned Following | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A (D |) or)) | Price | Reported Transact (Instr. 3 | ion(s) | | | (Instr. 4) | |
| Common | Stock | | | 02/2 | 8/201 | /2013 | | | М | | 3,895 | 5 | Α | \$ <mark>0</mark> | 271,182 | | | D | | |
| Common | Stock | | | 02/2 | 28/201 | .3 | | | F | | 1,298 | 3 | D | \$45.27 | 269 | 69,884 D | | | | |
| | | - | Table II - | | | | | | | | osed of converti | | | | 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, | Date, Transaction | | n of E | | 6. Date E Expiratio (Month/D | n Date | | Amou Securi Under Deriva | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Owner Form Direct or Ind (I) (In | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisa | | Expiration Date | Title | OI No of | umber | | | | | | |
| Restricted Stock | \$0 | 02/28/2013 | | | M | | | 3,895 | 02/28/20 |)9 ⁽¹⁾ | 02/28/2013 | Comm | non 3 | ,895 | \$0 | 0 | | D | | |

Explanation of Responses:

1. Date at which first vesting has occurred is indicated. One-fifth of the total number of the Reporting Person's restricted stock units ("RSUs") vest on the first anniversary and an additional one-fifth each anniversary thereafter until the RSUs are fully vested, subject to the satisfaction of certain performance-related conditions. The RSUs have fully vested as of the date of the report.

/s/ Suzanne Filippi, attorney-in-

<u>fact</u>

** Signature of Reporting Person

Date

03/04/2013

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$

- * 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.