FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 |
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Check this box if no longer subject to Section 16. Form 4 or Form 5 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 [*] ROSENTHALER ALBERT E | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>TripAdvisor, Inc.</u> [TRIP] | | | | | | | | | ck all app | , | ng Pe | rson(s) to Is 10% Ov | | |
|--|---|--|---------|--|---|-------|---|--|--|------|---|-------------------|-------------------------------------|--|---|----------------------------|--|---------------------------------------|--|
| (Last) | | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 06/06/2023 | | | | | | | | | Office below | er (give title v) | | Other (s below) | specify | |
| 12300 LIBERTY BOULEVARD | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| (Street) | WOOD CO |) 8 | 0112 | | | | | | | | | | | X | Form | filed by On filed by Mo | | • | |
| | | | | | | | | | | | | | | | Perso | on | | | |
| (City) | (St | ate) (2 | Zip) | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | ended to | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transat Date (Month/Date) | | | | Execution Dat | | Date, | Code (Instr. | | 4. Securities Acquired Disposed Of (D) (Instr. and 5) | | | | Securi Benefi Owned Follow | 5. Amount of Securities Beneficially Owned Following | | r Direct r r ct (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A (D |) or) | rice | Reported Transaction(s) (Instr. 3 and 4) | | | | |
| Common Stock ⁽¹⁾ 06/06/2 | | | | 2023 | | | A | | 15,105 | 05 A | | \$ <mark>0</mark> | 65 | 65,445 | | D | | | |
| | 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) | if any | emed ion Date, /Day/Year) | 4. Transac Code (li 8) | | 5. Numl of Deriv Secu Acqu (A) of Dispo of (D) (Instr and 5 | rative rities ired r osed) . 3, 4 | Expiration Date Amon (Month/Day/Year) Secu Unde Deriv Secu | | | erlying vative | De Se (In | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | y I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amou or Numb of Share | er | | | | | |

Explanation of Responses:

1. Represents shares underlying Restricted Stock Units ("RSUs") granted under Tripadvisor, Inc. stock and annual incentive plan in connection with such individual's election to the Board of Directors on June 6, 2023. Such RSUs vest in full on June 6, 2024.

| /s/ Linda C. Frazier, attorne | y |
|-------------------------------|-------------------|
| in fact | <u>06/08/2023</u> |

** 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.