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
Instruction 1/b)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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>Halpin Dermot</u>							2. Issuer Name and Ticker or Trading Symbol TripAdvisor, Inc. [TRIP]											of Reporting cable) or (give title	g Per	son(s) to Iss 10% Ov Other (s	ner		
(Last) (First) (Middle) C/O TRIPADVISOR, INC.							3. Date of Earliest Transaction (Month/Day/Year) 02/15/2015												catio	below) on Rentals	респу		
141 NEEDHAM STREET (Street) NEWTON MA 02464					_	4. If Amendment, Date of Original Filed (Month/Day/Year) 02/18/2015											6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(Si	·	(Zip)													Person							
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date)					saction	ar)	2A. Deemed Execution Date, if any (Month/Day/Year)			red, [3. Transac Code (In 3)	tion	4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			d (A) or) or 5. Amou 4 and Securiti Benefic		nt of es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									G	Code	v	Amount	(A) or)	Price	Tr	ansac nstr. 3	tion(s)			instr. 4)		
Common Stock, Par Value \$.001 Per Share 02/15/						5				M		1,07	2	A	\$82.4	4	3,432		D				
Common Stock, Par Value \$.001 Per Share 02/15/					5/201	5				F ⁽¹⁾		338		D	\$82.4	.4 3,		094		D			
Common Stock, Par Value \$.001 Per Share 02/15/					5/201	5				M		968		A	\$82.4	4	4,062			D			
Common Stock, Par Value \$.001 Per Share 02/15/					5/201	5				F ⁽¹⁾		312		D	\$82.4		3,750			D			
		7	able II -									sed of onverti				Owi	ned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemde Execution if any (Month/Da	Date,	4. Transact Code (In: 8)		of Deri Sec Acq (A) Disp	oosed D) tr. 3, 4	6. Date Exercisa Expiration Date (Month/Day/Yea				7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)		
					Code	de V		(D)	Date Exer			xpiration ate	Title		Amount or Number of Shares								
Restricted Stock Units	\$0	02/15/2015			M			1,072	02/1	15/2015		(2)	Comm Stock		1,072	\$	0	2,143 ⁽³)	D			
Restricted Stock Units	\$0	02/15/2015			M			968	02/1	15/2015		(2)	Comm Stock		968	\$	0	2,901 ⁽⁴)	D			

Explanation of Responses:

- 1. This amendment is being filed to reflect the shares withheld to cover taxes.
- 2. Shares will be issued shortly after vesting.
- 3. Of such RSUs, 1,072 vest on February 15, 2016 and 1,071 vest on February 15, 2017. Shares will be issued shortly after vesting.
- 4. Of such RSUs 967 vest on each of February 15, 2016, February 15, 2017 and February 15, 2018. Shares will be issued shortly after vesting.

/s/ Linda C. Frazier, attorney in 02/24/2015 <u>fact</u>

** Signature of Reporting Person

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.