FORM 3

400 1ST AVENUE

1. Title of Security (Instr. 4)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL 3235-OMB Number: 0104 Estimated average burden hours per response: 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

or Section 30(h) of the Investment Company Act of 1940 2. Date of Event 3. Issuer Name and Ticker or Trading Symbol 1. Name and Address of Reporting Person* Requiring Statement (Month/Day/Year) <u>TripAdvisor, Inc.</u> [TRIP] Sun Jie 07/15/2020 4. Relationship of Reporting Person(s) to 5. If Amendment, Date of Original (Last) (First) (Middle) Filed (Month/Day/Year) Issuer (Check all applicable) C/O TRIPADVISOR, INC.

(Street) NEEDHAM MA 02494 (City) (State) (Zip)

X Director 10% Owner Officer (give Other (specify title below) below)

6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting

Person Form filed by More than One

Reporting Person

<u> </u>								
2. Amount of Securities Beneficially Owned (Instr.		4. Nature of Indirect Beneficial Ownership (Instr. 5)						

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

Table I - Non-Derivative Securities Beneficially Owned

L. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise	Form:	6. Nature of Indirect Beneficial Ownership (Instr.
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Direct (D) or Indirect (Security (I) (Instr. 5)	5)	

Explanation of Responses:

No securities are beneficially owned.

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

(I) (Instr. 5)

07/17/2020

** Signature of Reporting

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 5 (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.