FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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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

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Wiseman Garry R | | | | | 2. Issuer Name and Ticker or Trading Symbol Sabre Corp [SABR] | | | | | | | | | elationship ck all app Direc | , | | rson(s) to Is | | |
|--|---|----------|--------------------------|---------------------------------|--|--|---|-----------------|--|--------------------|---|-----------------------------|---|------------------------------------|---|--|--|--|--|
| (Last) | • | irst) (I | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 09/15/2023 | | | | | | | | X | belov | er (give title v) xecutive \ | ice P | Other (s below) President | specify | |
| 3150 SABRE DRIVE | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | LAKE T | X 7 | 6092 | | | | | | | | | | | X | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Inst | | | | | | | | | | uction or writ | ten plar | n that is inter | nded to | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | 3ene | ficial | ly Own | ed | | | |
| | | | Date (Month/Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. 4. Securitie Transaction Code (Instr. 8) 5. | | es Acquired (A Of (D) (Instr. 3, | | | Securit Benefic Owned | i. Amount of Securities Beneficially Dwned Following | | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | | Price | Report Transa (Instr. : | ed ction(s) 3 and 4) | | | (Instr. 4) |
| Common | ommon Stock 09/15 | | 09/15/ | 2023 | | F ⁽¹⁾ | | 8,861 | I | D \$4.62 | | 2 315,826 | | D | | | | | |
| | | Tal | | | | | | | | | osed of, convertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | if any | emed ion Date, /Day/Year) | | ansaction of lode (Instr. Derivative (| | | 6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title Amount Securi Under Deriva Securi 3 and 4 | | | | unt of rities erlying vative rity (In I 4) | str. | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owi Fori Dire or li (I) (I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | | | Date Exercis | able | Expiration Date | Amoul or Number of Title Shares | | ber | | | | | | |

Explanation of Responses:

1. This transaction represents the automatic surrender of shares to the Issuer upon vesting of restricted shares units to satisfy the Reporting Person's tax withholding obligations.

Remarks:

/s/ Steve Milton, as attorneyin-fact for Garry Wiseman

09/19/2023

** 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.