Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

Check this box if no longer subject	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
to Section 16. Form 4 or Form 5		
obligations may continue. See		

OMB APP	ROVAL
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

1. Name and Address of Reporting Person* <u>Bravante George R Jr</u>					2. Issuer Name and Ticker or Trading Symbol Sabre Corp [SABR]							(Ch	telationship eck all app X Direc	,		n(s) to Iss			
(Last)	(F	irst) (I	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/24/2024								Office below	er (give title v)		Other (s below)	pecify		
C/O SABRE CORPORATION 3150 SABRE DRIVE				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person				.			
(Street) SOUTHLAKE TX 76092					Pers									Form Perso	n filed by More than One Reporting on				
(City)	(\$	tate) (2	Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant t satisfy the affirmative defense conditions of Rule 10b5-1(c). See I						et to a co	a contract, instruction or written plan that is intended to struction 10.							
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	, Dis	posed of	, or I	Ben	eficia	lly Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution		ution [Date,	3. Transaction Code (Instr. 8) 4. Securitie Disposed 0 5)		es Acquired (A) Of (D) (Instr. 3, 4		(A) or 3, 4 and	Benefi Owned	ties cially I Following	6. Owner Form: I (D) or In (I) (Inst	Direct of direct of the contract of the contra	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	nount (A) or (D)		Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common	Stock			04/24/	2024			A		57,971 ⁽¹⁾		A	\$2.7	193,278		Γ			
	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	kercise (Month/Day/Year) if any (Month/Day/Year) / (Month/Day/Year)			ransaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		f	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Dir or (I)	vnership rm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code V		(A)	(D)	Date Exercisable		Expiration Date	Title	or Nur of	ount mber ares					

Explanation of Responses:

1. The restricted stock unit award vests as to 100% of the shares of common stock subject to such award at the end of the one-year period following the grant date, subject to the reporting person's continued service on the board of directors of the Issuer through the vesting date. 100% of the shares received will be deferred pursuant to an election by the reporting person under the Sabre Corporation Non-Employee Director Compensation Deferral Plan

Remarks:

/s/ Steve W. Milton as attorney-in-fact for George R. 04/25/2024 Bravante, Jr.

** 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.