## Edgar Filing: Davis Donn - Form 4

Davis Donn										
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March 18, 20	013									
FORM	14							OMB AF	PROVAL	
	UNITED	STATES SE	CURITIES A Washington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer STATEMENT (			F CHANGES IN BENEFICIAL OWN				JERSHIP OF	Expires:	January 31, 2005	
Section 1	Section 16. SECURITIES				0111			Estimated average burden hours per		
Form 4 or Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						response	0.5	
obligation may cont <i>See</i> Instru 1(b).	ns Section 17(	a) of the Pub	• •	ling Com	pany	Act of	1935 or Section	1		
(Print or Type F	Responses)									
			2. Issuer Name <b>and</b> Ticker or Trading Symbol ZIPCAR INC [ZIP]				5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle)			3. Date of Earliest Transaction				(Check all applicable)			
. ,	E ISLAND AVI	(M	onth/Day/Year) /14/2013	ansaction			_X_ Director Officer (give t below)		Owner r (specify	
,	(Street)	4 1	f Amendment Da	te Original			6 Individual or Io	int/Group Filin	a(Chook	
			. If Amendment, Date Original ïled(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
WASHING	TON, DC 20036						Person	lore than One Re	porting	
(City)	(State)	(Zip)	Table I - Non-D	erivative S	Securi	ties Acqu	uired, Disposed of	, or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code	4. Securiti n(A) or Dis (Instr. 3, 4) Amount	posed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock (1)	03/14/2013		D		D	\$ 12.25	0	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 D S (1
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Employee Stock Option (Right to Buy)	\$ 10.75	03/14/2013		D	8,768	(2)	05/31/2022	Common Stock	8,768	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Davis Donn 1717 RHODE ISLAND AVE., N.W. 9TH FLOOR WASHINGTON, DC 20036	Х					
Signatures						
/s/ Song H. Pak, Attorney-in-Fact of Donn Davis 03/18/2013						
**Signature of Reporting Person		D	ate			

## Explanation of Responses:

- \* 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).

Each share of common stock was disposed of in exchange for a cash payment of \$12.25 per share upon the consummation of the merger
(1) (the "Merger") contemplated by that certain Agreement and Plan of Merger, dated December 31, 2012, by and among Avis Budget Group, Inc., Millennium Acquisition Sub, Inc. and Zipcar, Inc.

Prior to the effective time of the Merger, all outstanding options were accelerated, became fully vested and were cancelled in exchange(2) for a cash payment equal to the product of (i) \$12.25 less the exercise price per share of the option multiplied by (ii) the total number of shares underlying the option.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.