Edgar Filing: SABRE HOLDINGS CORP - Form 4

SABRE HO	LDINGS CORP										
Form 4	000										
March 02, 2										PROVAL	
FORM	4 UNITED	STATES		RITIES A shington			NGE C	OMMISSION	OMB OMB Number:	3235-0287	
Check th			• • • • •	511115001	, D.C. 20				Expires:	January 31	
if no long subject to Section 1 Form 4 c		SECUR	RITIES	NERSHIP OF	Estimated average burden hours per response						
Form 5 obligations may continue.Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 19401(b).30(h) of the Investment Company Act of 1940											
(Print or Type]	Responses)										
STOW JOHN S Sy SA			2. Issue Symbol	r Name and	l Ticker or	Tradir	ıg	5. Relationship of Reporting Person(s) to Issuer			
			SABRE HOLDINGS CORP [NYSE: TSG]					(Check all applicable)			
(Mo			(Month/E	Date of Earliest Transaction Ionth/Day/Year) 2/28/2006				Director 10% Owner X_ Officer (give title Other (specify below) below) SVP/Pres. Sabre Travel Network			
				nendment, Date Original onth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
SOUTHLA	KE, TX 76092							Person	ore than One Rep	porting	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secur	ities Acq	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	n Date, if	3. Transactic Code (Instr. 8)	4. Securit or(A) or Dis (Instr. 3, 4	sposed and 5 (A)	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Class A Common Stock	02/28/2006			P <u>(1)</u>	7.3801 (1)	A	\$ 24.09 (2)	84,663.2456 (3)	D		
Class A Common Stock								177	I	By Spouse	

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

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 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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
I B	Director	10% Owner	Officer	Other				
STOW JOHN S 3150 SABRE DRIVE SOUTHLAKE, TX 76092			SVP/Pres. Sabre Travel Network					
Signatures								
John S. Stow by James F. Bras attorney-in-fact	hear,		03/02/2006					
**Signature of Reporting Po	erson		Date					

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).
- (1) Reflects voluntary reinvestment of a cash dividend on shares purchased through the Sabre Holdings Corporation Employee Stock Purchase Plan and held as of February 10, 2006, the record date for such dividend.
- (2) Reflects the open market purchase price on February 28, 2006, the payment date for the dividend.
- (3) Includes 46,427 restricted shares and 1,785.2456 shares purchased through the Sabre Holdings Corporation Employee Stock Purchase Plan.

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.