## Edgar Filing: KLEIN THOMAS - Form 4

VI EIN THOMAS

Form 4												
March 07, 2	ЛД	) STATES					NGE C	COMMISSION	OMB	PROVAL 3235-0287		
Check th if no lon subject to Section Form 4 Form 5 obligatio may cor <i>See</i> Insta 1(b).	iger <b>STATE</b> 16. or Filed pu ons Section 17	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 1940								Number: January 31, Expires: 2005 Estimated average burden hours per response 0.5		
(Print or Type	Responses)											
KLEIN THOMAS Symbol SABR			er Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer					
			SABRE HOLDINGS CORP [TSG] 3. Date of Earliest Transaction					(Check all applicable)				
				Day/Year)				Director       10% Owner         Officer (give title       Other (specify below)         EVP, Pres. STN & AS				
			endment, Date Original onth/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> </ul>					
SOUTHLA	KE, TX 76092							Form filed by Mo Person				
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Secur	ities Acq	uired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	4. Securiti or(A) or Dis (Instr. 3, 4 Amount	sposed	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)		
Class A Common Stock	03/05/2007			P <u>(1)</u>	1.4163 (1)	D	\$ 32.48	117,496.1591 ( <u>3)</u>	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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
KLEIN THOMAS 3150 SABRE DRIVE SOUTHLAKE, TX 76092			EVP, Pres. STN & AS					
Signatures								
Thomas Klein by James F. Brashe attorney-in-fact			03/07/2007					
<u>**</u> Signature of Reporting P	Person		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 16, 2007, the record date for such dividend.
- (2) Reflects the open market purchase price on March 5, 2007, the payment date for such dividend.
- (3) Includes 67,088 restricted shares and 371.9552 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.