FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

| OIVID AFFRON | AL |
|-----------------------|----------|
| OMB Number: | 3235-028 |
| Estimated average but | rden |
| hours per response | 0.9 |

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 OF SECURITIES

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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | |
|--|---|---------------------------------|--|---|----------------------|---|-------------------|--|---------------|--|---|--|----------------------------------|----------------------------|---|--|
| 1. Name and Address of Reporting Person * ROMRELL LARRY E | | | | 2. Issuer Name and Ticker or Trading Symbol Liberty TripAdvisor Holdings, Inc. [LTRPA] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
| (Last) (First) (Middle) 12300 LIBERTY BOULEVARD | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/10/2019 | | | | | | | Officer (give | title below) | Othe | (specify below) | | |
| (Street) | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | _X_ | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person | | | | | | |
| ENGLEWOOD, CO 80112 | | | | | | | | | | | | | | | | |
| (Cit | y) | (State) | (Zip) | | | 1 | able | I - Non-De | rivat | ive Securities | Acquired | , Disposed | of, or Benef | ficially Owner | i | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea | | | | | Date, if Coo (Ins | | | 4. Securities Acquire (A) or Disposed of ((Instr. 3, 4 and 5) | | C(D) Ow Trai | | Securities Beneficially ing Reported | | Ownership of Form: | V. Nature of Indirect Beneficial Ownership | |
| | | | | | Co | ode V | Amount (A) or (D) | | Price | | | (| r Indirect (I I) Instr. 4) | Instr. 4) | | |
| Reminder: | Report on a | separate line for each | n class of securities l | peneficia | lly o | wned dire | ectly | Perso in this | ns w s for | | quired to | respond (| | on containe form displa | | 174 (9-02) |
| | | | | (e.g., p | | calls, war | rant | quired, Disp | posed | l of, or Benefi ertible securit | icially Ow | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | rcise (Month/Day/Year) of utive | Execution Date, if any | Code | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | (Month/Day/Year) | | | 7. Title ar of Underl Securities (Instr. 3 a | | Derivative Security | | Form of Derivative Security: Direct (D) or Indirect | 11. Natur of Indirec Beneficia Ownershi (Instr. 4) |
| | | | | Code | V | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | (Instr. 4) | |
| Stock Option (right to buy) - LTRPA | \$ 7.26 | 12/10/2019 | | A | | 19,687 | | | 020 | 12/10/2026 | Series A Commo Stock | - | \$ 0 | 19,687 | D | |
| Repor | ting O | wners | | | | | | | | | | | | | | |

| | Relationships | | | | | | |
|---|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| ROMRELL LARRY E 12300 LIBERTY BOULEVARD ENGLEWOOD, CO 80112 | X | | | | | | |

Signatures

| /s/ Craig Troyer as Attorney-in-Fact for Larry E. Romrell | 12/12/2019 | | |
|---|------------|--|--|
| -Signature of Reporting 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)

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. |
|---|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |