FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
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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*  SHEEHAN KEVIN M  (Month/Day/Year)  08/21/2018		nent	3. Issuer Name and Ticker or Trading Symbol HERTZ GLOBAL HOLDINGS, INC [ HTZ ]								
(Last) HERTZ GLO	(First) BAL HOLDIN	(Middle) GS, INC.				Relationship of Reporting Person(s (Check all applicable)     X Director 1			5. If Amendment, Date of Original Filed (Month/Day/Year)		
8501 WILLIAMS ROAD					Officer (give title below)	Other (specify below)	cify	6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) ESTERO	FL	33928							X		y One Reporting Person y More than One erson
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					nt of Securities ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock					10,000	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
										5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
1. Title of Deriva	tive Security (Ins	str. 4)	2. Date Exerc Expiration Da (Month/Day/\	ate		tle and Amount of Securi erlying Derivative Securi		4. Conve	rcise	Ownership	Beneficial Ownership

Explanation of Responses:

Remarks:

Albert K. Watson, by Power of

Attorney on behalf of Kevin 08/21/2018

Sheehan

\*\* Signature of Reporting Person Date

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

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 5 (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.