FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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| 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

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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

| Name and Address of Reporting Person* JACKSON JAMERE | | | | | | 2. Issuer Name and Ticker or Trading Symbol HERTZ GLOBAL HOLDINGS, INC [HTZ] | | | | | | | | | neck all app Direc | | | son(s) to Is 10% Ov Other (s | vner |
|--|--|---|-----------------------------|--|-----------|--|---|----------------------|--|-------------------|----------------------|---|----------------------|-------------|---|--|-------|---|---|
| (Last) HERTZ | | 3. Date of Earliest Transaction (Month/Day/Year) 03/04/2020 | | | | | | | | | belov | v) ¨ P Chief Fi | nanci | below) | r | | | | |
| 8501 WILLIAMS ROAD (Street) ESTERO FL 33928 (City) (State) (Zip) | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Lin | Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution | | | Date, | | | Disposed (| es Acquired (A Of (D) (Instr. 3, | | | Benefi | ties cially I Following | Form: | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | Code | v | Amount | (A) | or | Price | Transa | ction(s) 3 and 4) | | | (111341. 4) | | | |
| Common | 2020 | | | | A | | 32,266(1 |) | A | \$ <mark>0</mark> | 19 | 191,887 | | D | | | | | |
| Common Stock 03/04/2 | | | | | | 2020 | | | | | 2,579 ⁽²⁾ |] | D | \$0 | 18 | 189,308 | | D | |
| 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) | Execution Date, Transaction | | | | of Deriv Secu Acqu (A) o Disp of (D | osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | nstr. | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y [| Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code V | | (A) | (D) | Date Exercis | able | Expiration Date | or Nur of Title Sha | | nber res | | | | L | |

Explanation of Responses:

- 1. On March 4, 2019, the Reporting Person received 32,266 Performance Stock Units ("PSUs)" that vest in equal installments on the first, second and third anniversaries of the grant date, in each case, contingent upon (a) the Reporting Person's continued employment and (b) gross revenue of the Issuer during the 2019 fiscal year. The gross revenue of the Issuer during the 2019 fiscal year. contingency.
- 2. Shares withheld to pay tax liabilities incident to the vesting of earned PSUs.

Remarks:

Albert K. Watson by Power of Attorney on behalf of Jamere 03/06/2020 Jackson

** Signature of Reporting Person Date

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

- * 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.

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.