FORM	4
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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).

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

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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

(Fint of Type Responses)											
1. Name and Address of Reporting Person [*] Mueller Chris	2. Issuer Name and Ticker or Trading Symbol Liberty TripAdvisor Holdings, Inc. [LTRPA]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) XDirector10% Owner				
(Last) (First) 12300 LIBERTY BOULEVARD		3. Date of Earliest Transaction (Month/Day/Year) 12/12/2016					Officer (give title below)Ot	her (specify belo	ow)		
(Street) ENGLEWOOD, CO 80112		4. If Amendment, Date Original Filed(Month/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 Person			
(City) (State)	(Zip)		Fable I - No	on-De	erivative S	Securitie	s Acqu	ired, Disposed of, or Beneficially Own	red		
1.Title of Security 2. Transaction (Instr. 3) Date (Month/Day/Y)		Execution Date, if	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Ownership of India Form: Benefic	7. Nature of Indirect Beneficial Ownership	
		(Wond) Day Tear)	Code	V	Amount	(A) or (D)	Price	(1151. 5 and 7)	or Indirect (I) (Instr. 4)		

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 SEC 1474 (9-02) 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)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Num	ber	6. Date Exerci	sable and	7. Title and	Amount	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transac	tion	of		Expiration Dat	te	of Underlyin	ng	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Derivat	ive	(Month/Day/Y	ear)	Securities		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Securiti	ies			(Instr. 3 and	l 4)	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acquire	ed						Owned	Security:	(Instr. 4)
	Security					(A) or				Following	Direct (D)				
						Dispose	ed						.	or Indirect	
						of (D)							Transaction(s)	· · /	
						(Instr. 3	8, 4,						(Instr. 4)	(Instr. 4)	
						and 5)	-		-						
											Amount				
								Date	Expiration		or				
								Exercisable	Date	Title	Number				
									Date		of				
				Code	V	(A)	(D)				Shares				
Stock															
Option										Series A					
-	01615	10/10/0010				0.565		10/10/0015	10/10/2022			.	0.565	- D	
(right to	\$ 16.15	12/12/2016		Α		9,565		12/12/2017	12/12/2023	Common	9,565	\$ 0	9,565	D	
buy) -										Stock					
LTRPA															

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Mueller Chris 12300 LIBERTY BOULEVARD ENGLEWOOD, CO 80112	Х						

Signatures

/s/ Craig Troyer as Attorney-in-Fact for Chris Mueller	12/14/2016
**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.