



OMB APPROVAL

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(Print or Type Responses)						
Name and Address of Reporting Person * Liberty Interactive Corp	2. Date of Event Requiring Statement (Month/Day/Year) 12/20/2011		3. Issuer Name Ticker or Trading Symbol TrápAdvisor, Inc. [TRIP]			
(Last) (First) (Middle) 12300 LIBERTY BLVD.			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title bellow) Check all applicable) Officer (give title bellow) Officer (give title bellow)/"P. 3(P#/* p, E		Filed(Mont	ndment, Date Original h/Day/Yettityth cNI 8
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