1. Name and Address of Reporting Person*  
BATTLE A GEORGE

(Last)  (First)  (Middle)  
C/O EXPEDIA GROUP, INC.
1111 EXPEDIA GROUP WAY W.  
SEATTLE WA 98119

2. Issuer Name and Ticker or Trading Symbol  
Expedia Group, Inc. [ EXPE ]

3. Date of Earliest Transaction (Month/Day/Year)  
06/01/2020

4. If Amendment, Date of Original Filed (Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer  
X Director

10% Owner
Officer (give title below)  
Other (specify below)

6. Individual or Joint/Group Filing (Check Applicable Line)  
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

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
</table>
| Restricted Stock Units | $0.0000 | 06/01/2020 | A | 3,145 | 06/01/2021 
Exercisable Date | 06/01/2023 
Expiration Date | Common Stock | 3,145 | $0.0000 | 3,145 | D |

Explanation of Responses:

1. Date at which first vesting occurs is indicated. One-third of the total number of restricted stock units ("RSUs") vests on the first vesting date and an additional one-third on each anniversary thereafter until the RSUs are fully vested.

/s/ Michael S. Marron  
Attorney-in-fact  
07/24/2020

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).


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.

** Signature of Reporting Person  
Date