RICHARDS PAULINE Form 4 April 10, 2003

Form 4

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION** Washington, DC 20549

OMB APPROVAL OMB Number: 3235-0287

Expires: January 31,

2005

[] Check box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See instructions 1(b).

Richards, Pauline

Name and Address of Reporting Person*

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Estimated average

burden

hours per response. . .

6. Relationship of Reporting Person(s) to

Issuer

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public 0.5Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading Symbol

Cendant Corporation (CD)

	(Last) (First) (Middle)			3. I.R.S. Identificatio Number of	n	4. Statement for Month/Day/Year 4/8/2003 5. If Amendment, Date of Original (Month/Day/Year)				(Check all applicable)				
		Cendant Corporation 9 West 57th Street, 37th Floor (Street) New York, NY 10019			Person,					_X_ Director 10% Owner Officer (give title below) Other (specify below)				
	New York, NY 1									7. 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) (Zi	Table I	of, or Benef	icially									
	Title of Security nstr. 3)	2. Transaction Date (Month/Day/Year)	2A. Dec Executi Date, if (Month)	ion	3. Transa Code (Instr. 8	4. Securities or Disposed (Instr. 3, 4 ar		d of (I	Ď)	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	V	Amount	(A) or (D)	Price	Reported Transactions (Instr. 3 and 4)	(Instr. 4)	(11150.4)		
(s	ommon Stock eries esignated CD cock)	04/08/2003			Α		184	A	\$13.11 (1)	5,184	I	Dirs. NQ Def. Comp. Plan		
_														
_ p.	omindor: Poport o	on a separate line for	acab ala	oo of oogurit	ioo bono	ficio	lly award di	rooth	or indico	ll.				

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

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 control number.

(Over) SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned FORM 4 (continued) (e.g., puts, calls, warrants, options, convertible securities)

^{*} If the form is filed by more than one reporting person, see Instructions 4(b)(v).

Edgar Filing: RICHARDS PAULINE - Form 4

tive ty)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/ Day/Year)	3A. Deemed Execution Date, if any (Month/ Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr.3,4 and 5)		,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Natu Indir Bene Own (Inst
				Code	٧	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Award represents quarterly non-employee director retainer fee. All shares are deferred into the 1999 Non-Employee Directors Deferred Compensation Plan and converted into deferred stock units thereunder. Payable upon termination of service as a director.

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations.	/s/ Lynn A. Feldman	04/10/2003
See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).	**Signature of Reporting Person By: Lynn A. Feldman, Attorney-in-fact for Pauline Richards	Date

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.

Page 2