TrueCar, Inc	2.										
Form 4											
March 16, 20	017										
FORM	ΙΔ								PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
	Check this box								January 31,		
	if no longer subject to STATEMENT OF CHAN				<b>CIA</b>	LOW	NERSHIP OF	Expires:	2005 d average		
Section		SECURITIES						Estimated average burden hours per			
Form 4 c Form 5		~		~ .				response 0.5			
obligatio	-	uant to Section 1									
may con	Section 1/19	) of the Public U $20(h)$ of the last	•	•	· ·			n			
<i>See</i> Instr 1(b).	uction	30(h) of the Ir	ivestment	Compan	y Ac	l 01 19	40				
(Print or Type ]	Responses)										
(11110011)											
1. Name and A Swart Jeff	Address of Reporting Po	erson <u>*</u> 2. Issue Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
	TrueCa	TrueCar, Inc. [TRUE]				(Check all applicable)					
(Last)	(First) (Mi	iddle) 3. Date o	3. Date of Earliest Transaction				(Check an applicable)				
(Mont			Month/Day/Year)				Director 10% Owner				
C/O TRUE	03/15/2	3/15/2017				_X_ Officer (give title Other (specify below) below)					
BROADWA	AY, SUITE 200						SVP &	General Coun	sel		
(Street) 4			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
	Filed(Mo	ed(Month/Day/Year)				Applicable Line) _X_Form filed by One Reporting Person					
SANTA MO	ONICA, CA 90401							One Reporting Pe Iore than One Re			
		<b>7</b> * \					reison				
(City)	(State) (Z	Zip) Tab	le I - Non-D	erivative S	Securi	ities Ac	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Date							6. Ownership			
Security (Instr. 3)	(Month/Day/Year)	Execution Date, if any				Securities Beneficially	Form: Direct (D) or	Indirect Beneficial			
(instr. 5)		(Month/Day/Year)				Owned	Indirect (I)	Ownership			
						Following	(Instr. 4)	(Instr. 4)			
					(A)		Reported Transaction(s)				
			Code V	A	or	Deia	(Instr. 3 and 4)				
Common			Code V	Amount 2,706		Price \$					
Stock	03/15/2017		F	<u>(1)</u>	D	ф 14.5	126,729	D			

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 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)

## Edgar Filing: TrueCar, Inc. - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Swart Jeff C/O TRUECAR, INC. 120 BROADWAY, SUITE 200 SANTA MONICA, CA 90401			SVP & General Counsel					
Signatures								
/s/ Scott Watkinson, by Power of Attorney		03/16/	2017					
<u>**</u> Signature of Reporting Person		Dat	e					
Explanation of Pos	none	001						

## **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).

(1) The reported securities were withheld to satisfy the Reporting Person's tax liability in connection with the vesting of restricted stock units.

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.