

CASE STEPHEN M  
Form 3  
April 08, 2011

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
Washington, D.C. 20549

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type Responses)

1. Name and Address of Reporting Person \*

^ CASE STEPHEN M

(Last) (First) (Middle)

C/O REVOLUTION LIVING LLC, ^ 1717 RHODE ISLAND AVE., N.W. SUITE 1000

(Street)

WASHINGTON, ^ DC ^ 20036

(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)

04/08/2011

3. Issuer Name and Ticker or Trading Symbol  
ZIPCAR INC [ZIP]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

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

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

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security  
(Instr. 4)

2. Amount of Securities Beneficially Owned  
(Instr. 4)

3. Ownership Form:  
Direct (D)  
or Indirect (I)  
(Instr. 5)

4. Nature of Indirect Beneficial Ownership  
(Instr. 5)

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security  
(Instr. 4)

2. Date Exercisable and Expiration Date  
(Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security  
(Instr. 4)

4. Conversion or Exercise Price of Derivative Security

5. Ownership Form of Derivative Security:  
Direct (D)

6. Nature of Indirect Beneficial Ownership  
(Instr. 5)

Date Exercisable      Expiration Date      Title      Amount or Number of

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				Shares			or Indirect (1) (Instr. 5)	
Series F Convertible Preferred Stock	Â (1)	Â (2)	Common Stock	6,852,175	\$ (1)		I	See Footnote (3)

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
CASE STEPHEN M C/O REVOLUTION LIVING LLC 1717 RHODE ISLAND AVE., N.W. SUITE 1000 WASHINGTON, DC 20036	Â X	Â X	Â	Â
Revolution Living LLC 1717 RHODE ISLAND AVE., N.W. SUITE 1000 WASHINGTON, DC 20036	Â X	Â X	Â	Â

## Signatures

/s/ Ronald A. Klain,  
Attorney-in-Fact

04/08/2011

Signature of Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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).
- Each share of Series F Convertible Preferred Stock will convert into 0.5 shares of common stock upon the closing of Zipcar, Inc.'s initial public offering of common stock. Reflects a 1-for-2 reverse stock split of the common stock of Zipcar, Inc., which became effective on March 29, 2011.
- (1) public offering of common stock. Reflects a 1-for-2 reverse stock split of the common stock of Zipcar, Inc., which became effective on March 29, 2011.
  - (2) Not Applicable.
  - (3) These are shares owned directly by Revolution Living LLC. Mr. Case is the Manager, Chairman and Chief Executive Officer of Revolution Living LLC. Mr. Case has the sole power to vote and dispose of the shares of the Issuer held by Revolution Living LLC.

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.