# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

| OMB APPR                 | ROVAL     |  |  |  |  |
|--------------------------|-----------|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |
| Estimated average burden |           |  |  |  |  |
| nours per response       | e 0.5     |  |  |  |  |

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

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| (Print or Typ   | e Responses   | )          |  |   |     |  |  |   |       |                            |                   |   |                  |                    |                         |          |
|---|---|------------|--|---|-----|--|--|---|-------|----------------------------|-------------------|---|------------------|--------------------|-------------------------|----------|
| 1. Name and Address of Reporting Person –<br>DACIER PAUL T        |   |            |  | 2. Issuer Name and Ticker or Trading Symbol<br>AerCap Holdings N.V. [AER] |     |  |  |   |       |                            |                   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner   |                  |                    |                         |          |
| AERCAP HOUSE, STATIONSPLEIN 965                                   |   |            |  | 3. Date of Earliest Transaction (Month/Day/Year) 12/14/2015               |     |  |  |   |       |                            | -                 |   | ive title below) |                    | ner (specify bel        | ow)      |
| (Street) SCHIPHOL, P7 1117CE                                      |   |            |  | 4. If Amendment, Date Original Filed(Month/Day/Year)                      |     |  |  |   |       |                            |                   | 6. 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) (Zip)  |   |            |  | Table I - Non-Derivative Securities Acqui                                 |     |  |  |   |       |                            |                   | ired, Disposed of, or Beneficially Owned  |                  |                    |                         |          |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y |   |            | 2A. Deemed<br>Execution Date, if<br>r) any<br>(Month/Day/Year) |   | ,   | 3. Trans<br>Code<br>(Instr. 8  | ) (  | 4. Securities Ac (A) or Disposed (D) (Instr. 3, 4 and 5 |       | ed of Benefici<br>Reported |                   | amount of Securities<br>deficially Owned Following<br>ported Transaction(s)<br>str. 3 and 4)  |                  | Ownership<br>Form: | Beneficial<br>Ownership |          |
|   |   |            |  |   |     |  | Code   | V   | Amou  | (A) or (D)                 | Price             |   |                  | (                  | I)<br>Instr. 4)         | (msu. 1) |
| Ordinary S  | Shares (1)  | 2) 12      | 2/14/2015  |   |     |  | J  | 1   | 1,670 | ) A                        | \$ 0 1            | 1,779   |                  | ]                  | )                       |          |
|   |   |            | Table II - D   |   |     |  |  | ed, Disp  | osed  | of, or Bei                 | neficially        |   | control nu       | ımber.             |                         |          |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)               | Derivative Conversion Date Execution Date, if Transaction of and Expiration Date Code Derivative (Month/Day/Year) |            | 7. Title a<br>Amount<br>Underlyi<br>Securitie<br>(Instr. 3 a   | of<br>ng  |     | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | Ownersl<br>Form of<br>Derivati<br>Security<br>Direct (I<br>or Indire | Ownershi<br>(Instr. 4)                                  |       |                            |                   |   |                  |                    |                         |          |
|   |   |            |  | Code  | v V | (A)  | (D)  | Date<br>Exercisa  |       | Expiration<br>Date         | Title             | Amount<br>or<br>Number<br>of<br>Shares  |                  |                    |                         |          |
| Restricted<br>Stock<br>Units                                      | (2)   | 12/14/2015 |  | J   |     |  | 1,927  | (2)   |       | <u>(2)</u>                 | Ordinar<br>Shares | 1 1 927   | (2)              | 0                  | D                       |          |

# **Reporting Owners**

|   | Relationships |           |         |       |  |  |  |
|---|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address  | Director      | 10% Owner | Officer | Other |  |  |  |
| DACIER PAUL T<br>AERCAP HOUSE, STATIONSPLEIN 965<br>SCHIPHOL, P7 1117CE | X             |           |         |       |  |  |  |

## **Signatures**

| /s/ Paul Dacier               | 12/14/2015 |
|-------------------------------|------------|
| Signature of Reporting Person | Date       |

## **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) This form is filed voluntarily. As a foreign private issuer, AerCap Holdings N.V. is exempted from Section 16 of the Exchange Act by Rule 3a12-3.
- (2) Conversion of Restricted Stock Units ("RSUs") into Restricted Stock on a 1-to-1 basis. The converted shares of Restricted Stock are subject to vesting conditions with a risk of forfeiture identical to the RSUs. Part of the Restricted Stock was withheld by AerCap Holdings N.V. to pay taxes incurred by Mr. Dacier in connection with the conversion.

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.