FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
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	tion 1(b).	nuc. Sec		Filed							ties Exchang		f 1934		Luoui	s per r	esponse:	0.5	
					_		.,				mpany Act o	1940	Т						
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol MARRIOTT VACATIONS								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
MCCARTEN WILLIAM W					MARRIOTT VACATIONS WORLDWIDE Corp [VAC]								- [`	X Director 10% Owner					
						WORLD WIDE COIP [VAC]									er (give title			(specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								belov	N)		below	'	
6649 WESTWOOD BLVD.						03/12/2020													
					4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)							6	6. Individual or Joint/Group Filing (Check Applicable					
(Street)	.		2024											Line)					
ORLAN	DO FL	. 3	2821											X Form filed by One Reporting Person					
														Form filed by More than One Reporting Person					
(City)	(St	ate) (Z	Zip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acc	quired	, Dis	posed of	, or B	enefic	ially Own	ed				
1. Title of Security (Instr. 3) 2. Transact				tion				4. Securities Acquired (A				red (A) or	or 5. Amount of				7. Nature of		
				Date (Month/Da	y/Year)			Transaction Disposed Of (D) Code (Instr. 5)			it (D) (In	str. 3, 4 a	Benefic	Beneficially		r Indirect	Indirect Beneficial		
						(Month/Day/Year)		8)				Report	Owned Following Reported		nstr. 4)	Ownership (Instr. 4)			
									Code	v	Amount	(A) o (D)	Price	Transa (Instr. 3					
Common	Stock			03/12/2	2020				Α		12(1)	12 ⁽¹⁾ A \$0.00 18,982 ⁽²⁾ D							
												1	1		By the				
_																		McCarten	
Common Stock													1	,966			Family		
																		LLC	
		Tal	ار ماد	Dorivati	ivo S	ouri	tios /	Λοαι	irod	Dicn	osed of, o	or Po	noficia	Ily Owno	d				
		Idi	JIE II .								convertib				u				
1. Title of	2.	3. Transaction	3A. De		4.			5. Number		6. Date Exercisable and		7. Title and		8. Price of	9. Number of		10.	11. Nature	
Derivative Security	Conversion or Exercise		if any	tion Date,	Transa Code (/ative	Expiration Date (Month/Day/Year)			Amou Securi	ities	Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3)	Price of Derivative	/Day/Year) 8)		Securi Acquir						Underlying Derivative		(Instr. 5)	Beneficia Owned		Direct (D) or Indirect	Ownership (Instr. 4)			
	Security		(A) or Dispose					Security (Ins						Following Reported	Following (I				
								of (D) (Instr. 3, 4					,		Transacti (Instr. 4)				
							and 5)								(111301.4)				
													Amount or]					
							<u> </u>				Number								
					Code	Code V (A) (D)		(D)	Date Exercisable			expiration of of oteration of oteration of							

Explanation of Responses:

- 1. The reporting person elected to receive any dividends with respect to the Non-Employee Director Share Awards issued to the reporting person in May 2019 in the form of additional Non-Employee Director Share Awards. Such additional awards vest immediately upon issuance and are payable in common stock upon the reporting person's termination of service as a director.
- 2. Includes 6 shares held as tenants in common with the reporting person's spouse.

Remarks:

/s/James H Hunter, IV 03/16/2020 Attorney-In-Fact

** Signature of Reporting Person Date

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).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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.