FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | |
| Estimated average b | ourden | | | | | | | |

0.5

hours per response:

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

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

| 1. Name and Address of Reporting Person* Martinez Melquiades R. | | | | M | 2. Issuer Name and Ticker or Trading Symbol MARRIOTT VACATIONS WORLDWIDE Corp [VAC] | | | | | | | | | heck al | onship of Reporting Il applicable) Director | | 10% C | wner | |
|--|--|------|---------------------|------------------------------|--|--|---------------------|--|--|-----|---------------------|--------------|---|--|---|--|--|------------|--|
| (Last) (First) (Middle) 6649 WESTWOOD BLVD. | | | | 3. D | 3. Date of Earliest Transaction (Month/Day/Year) 06/08/2015 | | | | | | | | | | Officer (give title below) | | Other below) | (specify | |
| (Street) ORLANDO FL 32821 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | ne) <mark>X</mark> | ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - Nor | า-Deriv | ative | Se | curitie | es Ac | quired, | Dis | posed o | f, or | Ben | eficia | ally O | wned | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date, | | | Code | Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5) | | | | nd S B O | Amount of ecurities eneficially wned Following eported | For (D) | Ownership m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount (A) or (D) | | Price | , т | ansaction(s) estr. 3 and 4) | | | (Instr. 4) | |
| Non-Employee Director Share Awards 06/ | | | | 06/08 | 8/2015 | | | | A | | 1,320(1) | | (1) A \$ | | 00 | 12,837 | | D | |
| | | Та | ıble II - D (| | | | | | | | sed of, onvertib | | | | y Owr | ied | | | |
| 1. Title of Derivative Security (Instr. 3) | ative Conversion Date Execution Date, if any | | i Date, ay/Year) | 4. Transa Code (8) | | | Expiration (Month/E | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | or | ount nber | 8. Price Derivat Securit (Instr. § | ive derivative y Securities | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. Vests immediately and is payable in common stock upon the reporting person's termination of service as a director.

Remarks:

/s/ Catherine Meeker, Attorney-in-Fact 06/10/2015

** Signature of Reporting Person Date

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

- * 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.