FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.O. 20040		

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	burden								
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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

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(c). S	ee Instruction 1	0.																	
Name and Address of Reporting Person*     Miller Brian E.				MA	2. Issuer Name <b>and</b> Ticker or Trading Symbol  MARRIOTT VACATIONS  WORLDWIDE Corp [ VAC ]									neck all app Direc	nship of Reporting Pe I applicable) Director		10% Ov	vner	
						Officer (give title below)  Officer (give title below)							specify						
(Last) (First) (Middle) 7812 PALM PARKWAY					3. Date of Earliest Transaction (Month/Day/Year) 09/03/2024								Presi	ident, Vaca	ation	Ownersh	ip		
(Street)					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line)													
ORLAN	DO FL	3	2836													filed by On	e Rep	orting Pers	on
						Form filed by More than One Reporting Person													
(City)	(St	ate) (Z	<u>Z</u> ip)												1 010	J.1.			
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or l	Bene	ficia	ally Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date,		3. Transaction Code (Instr. 3, 8) 4. Securities Acquired (ADisposed Of (D) (Instr. 3, 5)			(A) or 3, 4 aı	Benefi Owned	ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount (A) or (D)		) or )	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 09/03/2					2024				G		821		D	\$ <mark>0</mark>	3	38,800 D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/I		n Date, Transaction Code (Instr.		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		nstr.	8. Price of Derivative Security (Instr. 5)	ative derivative Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
							(A)	(D)	Date Exercis	Expiration of		nber							

**Explanation of Responses:** 

Remarks:

/s/James H Hunter, IV Attorney-In-Fact

09/04/2024

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.