FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549	
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STAT	EMENT OF	CHANGES I	N BENEFICIAL	OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response.	0.5							

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*  GALBREATH LIZANNE					MA	2. Issuer Name and Ticker or Trading Symbol  MARRIOTT VACATIONS  WORLDWIDE Corp [ VAC ]							ck all app	,	ng Pers	son(s) to Is			
(Last) 7812 PA	(Fir	,	Middle)		3. Da	3. Date of Earliest Transaction (Month/Day/Year) 05/13/2024							Office below	er (give title		Other (s below)	specify		
					4. If A							Line	6. Individual or Joint/Group Filing (Check Applicab Line)				·		
(Street) ORLAN	DO FL	. 3	2836											)	_	filed by On		Ü	
															Perso	filed by Mo on	re tnan	One Repo	orting
(City)	(St	ate) (Ž	Zip)		Rul	e 10	)b5-	1(c)	Tran	sact	tion Indi	icati	on						
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - Noi	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	3ene	ficial	ly Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			Execution Date,		Date,	3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5)		es Acquired (A) or Of (D) (Instr. 3, 4 a		A) or B, 4 and	Benefic Owned	ies cially Following	Form:	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) (D)	or	Price		ed ction(s) 3 and 4)			(Instr. 4)	
Common Stock 05/1			05/13/	2024				A		1,736(1)	1	A	\$ <mark>0</mark>	16	5,693		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)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any		4. Transa Code ( 8)			Expiration Date (Month/Day/Year) S			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		S (I	Price of erivative ecurity nstr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership Form: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	ber					

## **Explanation of Responses:**

1. Fully vested as of the grant date.

## Remarks:

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

05/14/2024

\*\* 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.