FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

VIIIEO F	JIND LV	COMMISSION	,,,
Washington	D.C. 20549		

	OMB APPROVAL									
0	MB Number:	3235-0287								

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

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

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 10b5-1(c). See Instruction 10.

	ee Instruction 1				2 100	uar N	me ar	nd Tick	or or Tro	ding	Symbol			5 Pol	ationehi	of Penortic	na Por	reon(e) to lo	eller
Name and Address of Reporting Person* Collingan Mary F.				2. Issuer Name and Ticker or Trading Symbol MARRIOTT VACATIONS							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u>Galligan Mary E</u>				WORLDWIDE Corp [VAC]								1	Direc	tor		10% O	wner		
						3. Date of Earliest Transaction (Month/Day/Year) 10/03/2024								Office	Officer (give title		Other (specify below)	specify	
(Last) (First) (Middle) 7812 PALM PARKWAY														below) below)					
/812 PA	LM PARK	WAY			10/0	3/202	.4												
(Street)					4. If A	Amend	ment,	Date of	f Origina	l Filed	d (Month/Da	y/Year)	6. Indi Line)	vidual o	r Joint/Grou	p Filin	g (Check A	pplicable
ORLAN	DO FL	, 3	2836											V V	Form	filed by On	e Rep	orting Pers	on
															Form filed by More than One Repor				
(City)	(St	ate) (2	Zip)												Perso	on			
		Tablo	I - Nor	-Doriva	tivo 9	Socii	ritios	Λοα	uirod	Die	posed of	or F	Ronof	icially	, Own	od			
4 Tidle of 6	Ca accepto de la co		1 - 1401			_			3.	וסוס	1	-					۱ . م.	a.uabin	7 Natura
Date				Date	Execution if any		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ties Acquired (A l Of (D) (Instr. 3,		3, 4 and Securi Benefi Owned		ities Folicially (D		orm: Direct 0) or Indirect) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
				Code					v	Amount	(A) or (D)		rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock			10/03/	2024				A		18(1)	1	4	\$ <mark>0</mark>	1	,768		D	
		Tal									osed of, onvertib				Owne	d	,		
Derivative Conversion Date Execusive Or Exercise (Month/Day/Year) if any		if any	med on Date, Day/Year)	4. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natu of Indire Benefici Owners (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amou or Numb of Share	er					

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 the form of additional Non-Employee Director Share Awards. Such additional awards vest immediately upon issuance and are payable in common stock as specified by the Reporting Person at the time of the deferral election.

Remarks:

/s/Harold Herman, Attorney-

10/04/2024

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.