FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours nor roomana | . 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* Gellein Raymond L JR | | | | | | 2. Issuer Name and Ticker or Trading Symbol MARRIOTT VACATIONS WORLDWIDE Corp [VAC] | | | | | | | | | k all app Direc | tor | ng Pei | 10% O | wner | |
|--|---|--|-----------------|-----------------|---|---|-------------|--|--|--------------------|---|------------------------|--------------|---|--|--|---|---------------------------------------|---------|--|
| (Last) (First) (Middle) 6649 WESTWOOD BLVD. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/22/2020 | | | | | | | | | | Officer (give title below) | | Other (below) | specify | |
| (Street) | DO FI | . 3 | 2821 | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Form Form | idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | reisc | лі | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benefi | cially | / Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | Execution Date, | | | Date, | 3. Transaction Code (Instr. 8) 4. Securities Acquired (<i>i</i> Disposed Of (D) (Instr. 3 5) | | | | 4 and Securi Benefi | | ies cially Following | Forn (D) o | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Prio | e | Transa | action(s) 3 and 4) | | | (mou. 4) | | |
| Common Stock 09/22/2 | | | | | | 2020 | | A | | 151 ⁽¹⁾ | A | . \$8 | 7.19 | 22,748 | | | 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) | Execution Date, | | 4. Transaction Code (Instr. 8) | | of Deriv | r osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | Dei See (Ins | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Ownership Form: | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code V | | (A) (D) | | Date Exercisable | | Date | Title | Shares | | | | | | | |

Explanation of Responses:

1. Shares issued under the Marriott Vacations Worldwide Corporation 2020 Equity Incentive Plan pursuant to the deferral by the Reporting Person of fees payable for service as a member of the Board of Directors of Marriott Vacations Worldwide Corporation. Fully vested at the date of grant and payable in common stock as specified by the Reporting Person at the time of the deferral election.

Remarks:

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

09/24/2020

** 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.