FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>

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:	0.5						

Name and Address of Reporting Person*     SHAW WILLIAM JOSEPH					<u>M</u>	2. Issuer Name and Ticker or Trading Symbol  MARRIOTT VACATIONS WORLDWIDE  Corp [ VAC ]									all applicable) Director		g Person(s) to Issuer  10% Owner		vner
(Last) 6649 WE	(F ESTWOOD	•	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/04/2014									Officer (give title below)		Other (spe below)		specify
(Street) ORLAN (City)			32821 (Zip)		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							Indiv ne) X	I					
		Tab	ole I - No	n-Deri	vativ	e Se	curi	ties Ac	1	, Dis	sposed o	-		lly (	Owned				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr.		es Acquired (A) or Of (D) (Instr. 3, 4 and		Benefici		es ally Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price		Transact (Instr. 3	tion(s)			(Instr. 4)	
Common Stock			09/04	09/04/2014				М		25,000	5,000 A \$		52	115,372			D		
Common	nmon Stock 09/04/2			1/2014	.014			S		25,000	D	\$60.5	3(1)	90,372			D		
			Table II								osed of, converti				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	te Execution	n Date,		ransaction Code (Instr.		n of		6. Date Exercisal Expiration Date (Month/Day/Year)		e of Securiti		Do	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	s Silly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amoun or Numbe of Shares						
Stock Option (right to	\$9.52	09/04/2014			M			25,000	(2)		11/04/2014	Common Stock	25,000	ו	\$0.00	0		D	

## **Explanation of Responses:**

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$59.85 to \$60.77. The reporting person undertakes to provide to Marriott Vacations Worldwide Corporation, any security holder of Marriott Vacations Worldwide Corporation, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within such range.
- 2. Issued under the Marriott Vacations Worldwide Corporation Stock and Cash Incentive Plan pursuant to the anti-dilution provisions of an award granted to the reporting person under the Marriott International, Inc. Stock and Cash Incentive Plan, which award has substantially the same terms as the Marriott International, Inc. award to which it relates (other than with respect to the exercise price and the number and type of shares covered thereby, which were adjusted based on the distribution ratio in the legal and structural separation of Marriott Vacations Worldwide Corporation from Marriott International, Inc. (the "Spin-Off")) and is fully vested based on service prior to the Spin-Off.

## Remarks:

/s/ Catherine Meeker, Attorney- 09/08/2014 In-Fact

Date

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

\*\* Signature of Reporting Person

\* 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.