FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

· · · · · · · · ·			.,	
Washington,	D.C. 2	20549		

OIVID 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).

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

defense 1(c). Se	e conditions of ee Instruction 1	Rule 10b5- 0.																		
1. Name and Address of Reporting Person* Gray Jonice M					2. Issuer Name and Ticker or Trading Symbol MARRIOTT VACATIONS							(Cr	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Oray Joinee Wi				WC	WORLDWIDE Corp [VAC]								✓ Direct			10% Ov				
(Last) (First) (Middle)												4	Office belov	er (give title v)		Other (s	specify			
7812 PALM PARKWAY					3. Date of Earliest Transaction (Month/Day/Year) 09/17/2024															
(Street)				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	6. Individual or Joint/Group Filing (Check Applicable Line)							
ORLAN	DO FL	3	2836												Form filed by One Reporting Person					
-															Form filed by More than One Reporting Person					
(City)	(St	ate) (Z	Z ip)																	
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	eficia	ally Own	ed				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day			Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				d Securit	ities Fe icially (D d Following (I)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)							
								Code	v	Amount	(A) (D)	or	Price	Transa	Transaction(s) (Instr. 3 and 4)			(111511.4)		
Common	Stock			09/17/2	2024		A		356(1)	A		\$73.5	58 7	7,160		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)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any		ion Date,	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 (Ins 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	y Di or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Nun of Sha	.						

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

** Signature of Reporting Person Date

09/18/2024

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.