FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Washington, D.C. 20549 | OMB APPROVAL | | | |
|--|--------------|----------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-028 | | |

OMB Number: 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

| Name and Address of Reporting Person* Hutchison Thomas J III | | | | | M | 2. Issuer Name and Ticker or Trading Symbol MARRIOTT VACATIONS WORLDWIDE Corp [VAC] | | | | | | | | | theck all a | ector | ng Pers | 10% O | wner |
|--|--|------|--------------|--------------------|---|---|---------|-----------------|-------------------|--|--------------------|-------------|---|---|--|--|---|---|--|
| (Last) (First) (Middle) 6649 WESTWOOD BLVD. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/27/2016 | | | | | | | | | | icer (give title ow) | | Other (spe below) | | |
| (Street) ORLANI (City) | | | 2821 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | ne) <mark>X</mark> Fo Fo | idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - Non- | -Deriva | ative | Sec | curitie | s Acc | quired, | Dis | osed o | f, or l | Bene | eficia | ally Owi | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution Date, | | | n Date, | Code (Instr. 5) | | | | | nd Secu Bend | nount of rities eficially ed Following | Form: | nership Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A (D | () or () | Price | Tran | saction(s) r. 3 and 4) | | | (Instr. 4) | |
| Non-Employee Director Stock Units | | | 12/27/ | 27/2016 | | | | A | | 350(1) |) A \$0 | | \$0.0 | 00 | 3,139 | | 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) | rivative Conversion Date curity or Exercise (Month/Day/Year) i | | if any | xecution Date, any | | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price of Derivative Security (Instr. 5) | | Ov Fo Di or (I) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | of Sha | . | | | | | |

Explanation of Responses:

1. Issued under the Marriott Vacations Worldwide Corporation Stock and Cash 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, which may be (1) in a lump sum upon termination of service as director, or (2) in up to ten annual installments commencing within 30 days following termination of service as director.

Remarks:

/s/ Catherine Meeker, Attorney-in-Fact

12/29/2016

** 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.