FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| STATEMENT | OF CHANGES IN | N BENEFICIAL | OWNERSHIP |
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| | OMB APPROVAL | | | | | | | | |
|---------------------|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | 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

| 1. Name and Address of Reporting Person* Bukkapatnam Raman (Last) (First) (Middle) 7812 PALM PARKWAY | | | | | 2. Issuer Name and Ticker or Trading Symbol MARRIOTT VACATIONS WORLDWIDE Corp [VAC] 3. Date of Earliest Transaction (Month/Day/Year) 02/29/2024 | | | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) See Remarks 5. Individual or Joint/Group Filing (Check Applicable | | | | | |
|--|--|--|-----------------------------------|---|--|---|--------------------------|--|-------------------|--|--------------------|---|--|---|--|---------------------------------------|---|--|
| (Street) ORLANDO FL 32836 (City) (State) (Zip) | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) Rule 10b5-1(c) Transaction Indication | | | | | | | Line) | | | | | | | |
| | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | o satisfy | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | action 2A. Deemed Execution Date, | | 3. Transa Code (| 3. 4. Securities Transaction Disposed O Code (Instr. 5) | | es Acquired (A) or Of (D) (Instr. 3, 4 and | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| Common Stock 02/29 | | | | 9/2024 | Code V Amount (A) or Price Transac (Instr. 3 | | Transacti (Instr. 3 a | ion(s) | | | , | | | | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Security or Exercise (Month/Day/Year) | | 3A. Deemed Execution D if any (Month/Day/ | Date, | 4. Transaction Code (Instr. 8) | | ı of E | | 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((Instr. 4) | ily | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Appreciation Right | \$93.73 | 02/29/2024 | | | A | | 2,892 | | 02/15/202 | 5(1) | 02/28/0034 | Common Stock | 2,892 | \$0 | 2,892 | | D | |

Explanation of Responses:

Vests in four equal installments over the four-year period beginning on February 15, 2025.

Remarks:

Title: Executive Vice President and Chief Information Officer

/s/James H Hunter, IV Attorney-In-Fact 03/04/2024

** 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.