FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549

OMB APPROVAL											
OMB Number:	3235-0287										
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0.5

hours per response:

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 defense conditions of Rule 10b5-1(c). See lost ruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(c). S	ee Instruction	0.																	
Name and Address of Reporting Person* Morgan Dianna					2. Issuer Name and Ticker or Trading Symbol MARRIOTT VACATIONS									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>wioigai</u>	<u>i Diaillia</u>				WC	RLI	OWI	DE (Corp [VA	_ 			V	Direc	tor		10% O	wner
					WORLDWIDE Corp [VAC]									Office	er (give title			specify	
(Last)	(Fi	,	Middle)					Transa	action (N	/lonth/	Day/Year)				Delov	v)		below)	
7812 PA	LM PARK	WAY			01/0	3/202	25												
-					4. If A	Amend	ment,	Date of	f Origina	l Filed	d (Month/Da	y/Year	.)		vidual o	Joint/Grou	p Filin	ıg (Check A	pplicable
(Street)	D.O. F.		2026											Line)	F	file d by Or	- D	ti D	
ORLAN	DO FI	, 3	2836											V		filed by On		J	
-															Perso	filed by Mo on	re tna	n One Rep	orting
(City)	(St	ate) (2	Zip)																
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3enef	icially	y Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				ction	tion 2A. Deemed 3.					4. Securities Acquired (A			A) or 5. Amount of		6. Ownership		7. Nature		
					ay/Year)	if ar	xecution Date, fany		Code (Instr. 5)			Of (D) (Instr. 3,		Benefi		cially	(D) o	Form: Direct (D) or Indirect	of Indirect Beneficial
					(Mo	(Month/Day/Year)		8)		I I			Owned Following Reported		(I) (Instr. 4)	1Str. 4)	Ownership (Instr. 4)		
								Code	v	Amount	(A) (D)	or P	rice		ction(s) 3 and 4)				
Common Stock 01			01/03/	/2025				A		23(1)	1	A	\$ <mark>0</mark>	19,588			D		
		Tal	——— Na II -	Dorivati	ivo Sc	Curi	tios /	\can	irad F	lien	osed of,	or Bo	nofic	rially	Owne	d			
		Idi							,		onvertib			•	OWITE	ч			
1. Title of	2.	3. Transaction 3A. De			4.	-41	ion of str. Derivative		Expiration Date Amo (Month/Day/Year) Secu				le and		Price of			10.	Beneficial
Derivative Security	Conversion or Exercise	rcise (Month/Day/Year)	Execution Date, if any		Transa Code (Secu	Amount of Securities		rivative curity	derivative Securities	- 1	Ownership Form:	
(Instr. 3)	3) Price of (Mont		(Month/	Day/Year)	8)		Securities Acquired		Underlying Derivative			(In	str. 5)	Beneficiall Owned		Direct (D) or Indirect	Ownership (Instr. 4)		
	Security		ĺ				(A) or		Security (In			rity (Ins	str.		Following Reported		(I) (Instr. 4)	,	
					Disposed of (D)			3 and 4)						Transaction(s)					
			ĺ					(Instr. 3, 4 and 5)								(Instr. 4)			
													Amou	ınt					
													or Numb						
					 	l.,	 	_	Date		Expiration	 	of						
		I	1		Code	۷ ا	(A)	(D)	Exercis	able	Date	Title	Share	s		1	- 1		1

Explanation of Responses:

1. The Reporting Person elected to receive any dividends with respect to the Non-Employee Director Share Awards issued to the Reporting Person in the form of additional Non-Employee Director Share Awards. Such additional awards vest immediately upon issuance and are 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 01/06/2025

** 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.