FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| washington, D.C. 20549 | |
|------------------------|--|
| | |

| OMB APPROVAL | | | | | | | | | | | |
|-------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | | |
| Estimated average | e burden | | | | | | | | | | |

0.5

hours per response:

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations 4(b) |
|--|
| 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

| 100 | 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 Instruction 10 |

| 1. Name and Address of Reporting Person* ANDREWS CHARLES ELLIOTT | | | | MA | 2. Issuer Name and Ticker or Trading Symbol MARRIOTT VACATIONS WORLDWIDE Corp [VAC] | | | | | | | | | 5. Relationship of Reporting Pers (Check all applicable) Director | | | 10% Owner | | | |
|---|---|--------------------------|---|----|---|---|-------|--|---|------------|----------------------|--|---|---|--|--|---|-------------------------|---|--|
| (Last) (First) (Middle) 7812 PALM PARKWAY | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/03/2025 | | | | | | | | | Officer (give title Other (specify below) below) | | | | | |
| (Street) ORLAN | | | 2836 Zip) | | 4. If <i>I</i> | Amend | ment, | Date o | f Origina | al Filed | i (Month/Da | ıy/Year |) | 6. Inc Line) | Form | r Joint/Grou I filed by On I filed by Mo on | e Repor | ` rting Pers | on | |
| 1. Title of Security (Instr. 3) 2. Transac | | | | | | tive Securities Acquired, Disposed of, or Bene- tion | | | | | | | A) or 5. Amount of 6. Ownership 7. Securities Form: Direct of | | | | 7. Nature of Indirect Beneficial | | | |
| | | | (Month) 2 | | | onth/Day/Year) | | | · / | | (A) or (D) Price | | Price | Owned Report Transa | l Following | (I) (Instr. 4) | | Ownership (Instr. 4) | | |
| Common Stock 01/03/ | | | | | 2025 | | | | A | | 93(1) | 1 | 4 | \$ <mark>0</mark> | 20 | 6,524 | 1 | D | | |
| | | Tal | | | | | | | | | osed of, onvertib | | | | Owne | d | | | | |
| Security or Ex (Instr. 3) Price Deriv | 2. Conversion or Exercise Price of Derivative Security | Date (Month/Day/Year) if | 3A. Dee Execution if any (Month/ | | | . 5. Num ransaction of code (Instr. Deriva | | rative rities ired r osed) | 6. Date Exerci Expiration Da (Month/Day/Y | | te | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Di Se (II | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Owner Form: Direct or Indi (I) (Ins | wnership | 11. Naturo of Indirect Beneficia Ownersh (Instr. 4) | |
| | | | | | | | | Date | | Expiration | | Amo or Num of | · · | | | | | | | |

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:

<u>/s/ James H Hunter, IV</u> <u>Attorney-In-Fact</u> <u>01/06/2025</u>

** 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.