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| Form 4 | | | | | | | | | | | |
|---|---|--------|---|---|-----------------------------|-----------------------|-------------|--|--|-----------|--|
| February 28, | | | | | | | | | OMB AF | PROVAL | |
| FORM | 4 UNITED | STATES | | ITIES A hington, | | | NGE C | OMMISSION | OMB Number: | 3235-0287 | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. STATEMENT O STATEMENT O Filed pursuant to Section 17(a) of the | | | F CHAN | GES IN 1 SECUR | BENEF ITIES e Securit | I CIA ies E | xchange | e Act of 1934, | Estimated average burden hours per response 0 | | |
| See Instru 1(b). | | 30(h) | of the In | vestment | Compan | y Ac | t of 194 | 0 | | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| | | | 2. Issuer Name and Ticker or Trading Symbol MARRIOTT VACATIONS WORLDWIDE Corp [VAC] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) (First) (Middle) 3. (M | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/26/2019 | | | | | Director 10% Owner X Officer (give title Other (specify below) below) Exec VP & COO | | | |
| | | | | If Amendment, Date Original led(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person | | | |
| ORLANDO | , FL 32821 | | | | | | | Form filed by M Person | lore than One Re | porting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | ecurity (Month/Day/Year) Execution Date, if | | | 3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) | | | | Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common | | | | Code V | | or (D) | Price | (Instr. 3 and 4) | | | |
| Stock (1) | 02/26/2019 | | | А | 5,838 | А | \$0 | 30,040.3 | D | | |
| Common Stock | 02/26/2019 | | | F | 2,298 | D | \$ 97.56 | 27,742.3 | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

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 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | ; | Date | 7. Title Amour Underl Securit (Instr. | nt of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|---------------------------------------|---|---------------------|--------------------|---|--|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | | | | |
|---|------------|-----------|---------------|-------|--|
| | Director | 10% Owner | Officer | Other | |
| Cunningham R. Lee 6649 WESTWOOD BLVD. ORLANDO, FL 32821 | | | Exec VP & COO | | |
| Signatures | | | | | |
| /s/ James H Hunter, IV Attorney-In-Fact | 02/28/2019 | | | | |
| **Signature of Reporting Person | | Date | ; | | |

Explanation of Responses:

* 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).

Common stock issued on vesting of performance-based restricted stock units granted on February 29, 2016 and earned on February 26,

(1) 2019 upon achievement of specified levels of performance during the three fiscal year period January 2, 2016 through December 28, 2018.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.