FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL |
|--------------|
| |
| |

OMB Number: 3235-0287 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* Bauduin Val | | | | | M | 2. Issuer Name and Ticker or Trading Symbol MARRIOTT INTERNATIONAL INC /MD/ [MAR] | | | | | | | | | Check | tionship of Reporting all applicable) Director Officer (give title | | 10% | ssuer Owner (specify |
|---|---|--|--|---------|--------------------------------------|--|---|--------|-----------------------------------|---------------|--|--|--|-----------------------|------------------------|---|---|---|--|
| (Last) 10400 FE | • | (First) (Middle) NWOOD ROAD | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/15/2019 | | | | | | | | | X | belov | | | |
| (Street) BETHESDA MD 20817 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | i. Indivi ine) X | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tab | le I - No | n-Deriv | /ative | Se | ecuriti | es Ac | quired | , Dis | posed o | f, o | r Ben | efici | ally (| Owne | ed | | |
| Date | | | | | ransaction e nth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transa Code (8) | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | | | l and 5) S B C | | ount of ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | Code | v | Amount | | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | | |
| Class A Common - Performance Share Units 02/15/ | | | | | | 019 | | A | | 6,105(1 | .) | A | \$0.0 | 0000 | 6,105 | | D | | |
| Class A Common - Performance Share Units 02/15 | | | | | /2019 | 2019 | | | | | 2,065(2 | 2) | D | \$120.2 | | 4,040 | | D | |
| Class A Common - Restricted Stock Units 02/15/ | | | | | /2019 | 2019 | | | | | 2,339(3 | 3) | D | \$120.2 | | 16,211 | | D | |
| Class A Common Stock | | | | | | | | | | | | | | | | 1 | .3,958 | D | |
| Class A Common Stock | | | | | | | | | | | | | | | | 3,426 | I | 401(k) account | |
| | | Ta | | | | | | | | | osed of, onvertib | | | | | vned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deen Executio if any (Month/D | n Date, | 4. Transactio Code (Inst 8) | | on of | | 6. Date I Expirati (Month/I | on Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | I nstr. 3 | | ivative urity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | or Nu of | nount mber ares | | | | | |

Explanation of Responses:

- 1. Shares acquired upon vesting PSU's.
- 2. Shares withheld by the Company to cover taxes associated with vesting of PSU's.
- 3. Shares withheld by the Company to cover taxes associated with vesting of RSU's.

Bancroft S. Gordon, Attorney-

02/21/2019

In-Fact

** 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.