FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0 | | | | | | | | | |
| 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

| 1. Name and Address of Reporting Person* Breland Benjamin T. (Last) (First) (Middle) 10400 FERNWOOD ROAD | | | | | M/ [M | 2. Issuer Name and Ticker or Trading Symbol MARRIOTT INTERNATIONAL INC /MD/ [MAR] 3. Date of Earliest Transaction (Month/Day/Year) 02/17/2022 | | | | | | | | | Relationship of Reporting Person(s) to Issuer Check all applicable) Director 10% Owner X Officer (give title Other (specify below) EVP & Chief HR Officer | | | | |
|---|--|--|---|--|--|--|--|--|---|--------------------------|--|--|--|---|---|---------------------|--|--|--|
| (Street) BETHESE (City) | OA ME | | 0817 Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. I Lin | e) X Form t Form t | lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transaction Date (Month/Day/Year) | | r) Ex | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | | Benefici Owned I | es ally Following | Form (D) or | : Direct r Indirect str. 4) | 7. Nature of ndirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reporte Transac (Instr. 3 | tion(s) | | | Instr. 4) | |
| Class A Common - Restricted Stock Units 02/ | | | | | | //2022 | | | | | 3,339(1) | A | \$179. | 75 17 | ,244 | | D | | |
| Class A Common Stock | | | | | | | | | | | | | 6, | 6,005 | | D | | | |
| Class A Common Stock | | | | | | | | | | | | | | 1,03 | 5.185 | | | 401(k) account | |
| | | Т | able II - | | | | | | | | osed of, convertib | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D | Date, Transa Code (| | | of Derivati Securiti Acquire (A) or Dispose of (D) (II | erivative ecurities cquired .) or | | Exerci on Da Day/Y | | 7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s ally g | 10. 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 | Amount or Number of Shares | | | | | | |
| Stock Appreciation Rights | \$179.75 | 02/17/2022 | | | A | | 10,179 | | (2) | | 02/17/2032 | Class A Common Stock | 10,179 | \$0.0000 | 10,179 | | D | | |

Explanation of Responses:

- $1. \ The \ RSUs \ will \ vest \ in \ three \ equal \ installments \ beginning \ February \ 15, \ 2023.$
- 2. Stock Appreciation Rights, settled in Class A Common Stock and vesting in three equal installments beginning on February 15, 2023 and thereafter on the anniversary of that date.

Andrew P.C. Wright, Attorney-

** Signature of Reporting Person

in-Fact

02/22/2022

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.