FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------|----------|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | |

37 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* <u>Harrison Deborah Marriott</u> | | | | | <u>M</u> | 2. Issuer Name and Ticker or Trading Symbol MARRIOTT INTERNATIONAL INC /MD/ [MAR] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
|--|---|-------|-----------|---|--------------------|--|---|------------------|---|-----------------------------|---|---|-------|--------|---|---|---|--|--|---|--|
| (Last) (First) (Middle) 10400 FERNWOOD ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/17/2015 | | | | | | | | | | belov | , | X Other below) f 13(d) group | | | |
| (Street) BETHESDA MD 20817 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Se | curit | ies Ac | quired, | Dis | posed o | f, or | Ben | efici | ally (| Owne | ed | | | | |
| Date | | | | Date | e nth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Code (Instr. | | 4. Securities Acquired (ADisposed Of (D) (Instr. 3 | | | 4 and Sec Ber Ow | | Amount of ecurities eneficially wned Following | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (111511.4) | | |
| Class A C | 02/17 | /2015 | | | | | | 1,085 | | D | \$80 | 0.04 | 4,429 | | | D | | | | | |
| Class A Common - Restricted Stock Units 02/1 | | | | | | /17/2015 | | | | | 972 | | D | \$80.0 | | 04 5,634 | | | I | By Spouse ⁽¹⁾ | |
| 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) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | n of | | Expiration | 6. Date Exercisable ai Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | vative irity r. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | (((| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | Code | | v | (A) | (D) | Date Exercisa | Expiration Date | | Amoun or Number of Title Shares | | nber | | | | | | | | |

Explanation of Responses:

1. The Reporting Person disclaims beneficial ownership of the reported securities except to the extent of her pecuniary interest therein.

Bancroft S. Gordon, Attorney-In-Fact

02/18/2015

** 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.