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

1. Name and Address of Reporting Person*  Marriott David S							2. Issuer Name and Ticker or Trading Symbol  MARRIOTT INTERNATIONAL INC  /MD/ [ MAR ]										all app	olicable)		10% C	n(s) to Issuer  10% Owner  Other (specify	
(Last) (First) (Middle) 10400 FERNWOOD ROAD						3. Date of Earliest Transaction (Month/Day/Year) 02/15/2011										1	belov L3D G	w) `` Froup Own		below)		
(Street) BETHESDA MD 20817  (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										Indiv ne) X						
		Tab	le I - No	n-Deriv	ative	Se	curiti	ies Ac	qui	ired,	Dis	posed o	f, o	r Ben	efici	ally	Owne	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution			,   T				ties Acquired (A) d Of (D) (Instr. 3, 4			4 and Secu Bene		rities ficially ed Following		Ownership rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									c	Code	v	Amount		(A) or (D)	Price	Tra		action(s) . 3 and 4)			(1130.4)	
Class A C	Common - R	5/2011					F		3,810	D \$		\$42	.06	1	.3,359		D					
		Ta	able II - I									sed of, onvertib				y Ov	vned					
Derivative Conversion D		3. Transaction Date (Month/Day/Year)	if any	ecution Date, 1 ny ( onth/Day/Year) 8		ransaction Code (Instr.				Date Ex piration onth/Da			ount			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

**Explanation of Responses:** 

Bancroft S. Gordon, Attorney-In-Fact

02/16/2011

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.