FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | OMB APPRO | VAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| l | OMB Number: | 3235-0287 | | | | | | | |
| | Estimated average burden | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | |

| | Check this box if no longer subject to | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| ١ | Section 16. Form 4 or Form 5 | | | | | | | | |
| ı | 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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| Name and Address of Reporting Person* Harrison Deborah Marriott | | | | | | 2. Issuer Name and Ticker or Trading Symbol MARRIOTT INTERNATIONAL INC /MD/ [MAR] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Vother (specify | | | | | | |
|---|--|--|--|-------|--|--|---|-------------------|------------|---|--|---|--|--------|--|---|--|---|--|--|--|
| (Last) (First) (Middle) 10400 FERNWOOD ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/12/2007 | | | | | | | | | | below) Member of 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 | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| Da | | | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Code (Instr. | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | and See Bei Ow | mount of urities leficially ned Follo | | 6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4) | of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (, | A) or D) | Price | Tra | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| Class A Common - Restricted Stock Units 02/1 | | | | | | 2/2007 | | | | | 5,000 |) | A | A \$0 | | 22,262 | | I | By Spouse ⁽¹⁾ | | |
| Class A C | | | | | | | | | | 818 | | D | | | | | | | | | |
| | 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) | ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any | | | Date, | Code (Instr. | | n of l | | Expiration | 5. Date Exercisable and Expiration Date Month/Day/Year) | | | le and unt of rities rlying ative rity (In: | str. 3 | 8. Price Derivativ Security (Instr. 5) | deriva Secui Bene Owne Follov Repo | rities ficially ed wing orted saction(s | Owners Form: Direct (I or Indire (I) (Instr | Beneficial Ownership ct (Instr. 4) | | |
| | | | | Code | v | | | Date Exercisal | | Expiration Date | Amoun or Numbe 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.

Remarks:

By: Ward R. Cooper, Attorney-In-Fact 03/08/2007

** 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.