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* Oberg Kathleen K. (Last) (First) (Middle) 10400 FERNWOOD ROAD | | | | 2. Issuer Name and Ticker or Trading Symbol MARRIOTT INTERNATIONAL INC /MD/ [MAR] 3. Date of Earliest Transaction (Month/Day/Year) 02/22/2021 | | | | | | | | | (Che | Relationship of Reporting heck all applicable) Director X Officer (give title below) EVP & | | | 10% Ow Other (s below) | rner | |
|---|---|--|---|--|--|---|--------|---|--|--|-----------------------|---|----------------|---|---|---|------------------------------|--|--|
| (Street) BETHESE (City) | OA MI | ite) (2 | 0817 Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | action 2A. Exe | | 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 | | | or | 5. Amour Securities Beneficia Owned Fo | s Illy ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) o | Pı | ice | Reported Transacti (Instr. 3 a | on(s) | | | Instr. 4) |
| Class A Common - Restricted Stock Units 02 | | | | 02/22 | 2/2021 | | | | A | | 7,392(1) | A | \$ | 142.05 | 15,037 | | D | | |
| Class A Common Stock | | | | | | | | | | | | Ť | | 58,789 | | D | | | |
| Class A Common Stock | | | | | | | | | | | | | 12 | 26 | | | 401(k) account | | |
| Class A Common Stock | | | | | | | | | | | | | | 3,3 | 364 | | I | Jointly with spouse | |
| | | T | 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 | n Date, | 4. Transactio Code (Instr 8) | | | | 6. Date Exerci Expiration Da (Month/Day/Yo | | te | 7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4) | | curity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e s llly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Nu of | nount mber ares | | | | | |
| Stock Appreciation Rights | \$142.05 | 02/22/2021 | | | Α | | 30,801 | | (2) | | 02/22/2031 | Class A Commo Stock | | ,801 | \$0.0000 | 30,80 | 1 | D | |

Explanation of Responses:

- 1. The RSUs will vest in three equal installments beginning February 15, 2022.
- 2. Stock Appreciation Rights, settled in Class A Common Stock and vesting in three equal annual installments beginning on February 15, 2022 and thereafter on the anniversary of that date.

Andrew P.C. Wright, Attorneyin-Fact

02/24/2021

** 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.