FORM 4

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject

| OMB APPR | OVAL | | | | | | | | |
|--------------------------|------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* HIPPEAU ERIC | | | | | | 2. Issuer Name and Ticker or Trading Symbol MARRIOTT INTERNATIONAL INC /MD/ [MAR] | | | | | | | | | all app Direc | hip of Reporting I pplicable) ector icer (give title | | 10% O | wner |
|--|--|---------|--------------|--|---|---|---|---|----------------|---|--------------------|--|---------------------------------------|--------------------|---|---|--|---|--|
| (Last) 10400 FI | Last) (First) (Middle) 10400 FERNWOOD ROAD | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/13/2020 | | | | | | | | | | Other (below) | specify |
| (Street) BETHES | SDA M | D 2 | 0817 | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Form | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| (City) | (St | ate) (ž | <u>Z</u> ip) | | | Person | | | | | | | | | | | , | J | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day) | | | | | Execution Date | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | 4 and Secur Benef | | cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) oi (D) | Pric | Trans | | action(s) 3 and 4) | | | () |
| Class A Common Stock-Dir. Def. Stock Comp Plan-1 05/13/20 | | | | | 020 |)20 | | | A | | 2,145(1) | A | \$0. | 0000 | 38,964 | | | D | |
| Class A Common Stock | | | | | | | | | | | | | | | 23 | 3,757 | | 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) | Derivative Conversion Date Security or Exercise (Month/Day/Year) if | | | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration D | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Der Sed (Ins | Price of crivative curity estr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct (or Indir (I) (Inst | wnership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | Amour or Number of Shares | er | | | | | |

Explanation of Responses:

1. The shares will vest on a daily pro-rata basis over the twelve (12) month period following the grant and be distributed on the one-year anniversary of the grant.

Bancroft S. Gordon, Attorney-In-Fact

** 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.