### FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
|             |      |       |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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*     COOPER SIMON |   |  |  |        |                           | 2. Issuer Name and Ticker or Trading Symbol MARRIOTT INTERNATIONAL INC /MD/ [ MAR ] |   |        |                            |  |  |   |                                   |                           | k all appli<br>Directo   | r 10% Owner (give title Other (specify  |   |  | ner                                     |  |
|--|---|--|--|--------|---------------------------|---|---|--------|----------------------------|--|--|---|-----------------------------------|---------------------------|--|---|---|--|---|--|
| (Last)<br>10400 FI                                     | (Last) (First) (Middle) 10400 FERNWOOD ROAD                           |  |  |        |                           |   | 3. Date of Earliest Transaction (Month/Day/Year) 02/10/2005 |        |                            |  |  |   |                                   |                           |  | below) below) Pres/COO Ritz Carlton Hotel Co  |   |  |   |  |
| (Street) BETHESDA MD 20817                             |   |  |  |        | -   4. If                 | 4. If Amendment, Date of Original Filed (Month/Day/Year)                            |   |        |                            |  |  |   |                                   | Line)                     | X Form filed by One Reporting Person Form filed by More than One Reporting |   |   |  |   |  |
| (City)   | (S  |  | (Zip)  |        |                           |   |   |        |                            |  |  |   |                                   |                           | Perso  |   |   |  |   |  |
| 4 Till   | 0   |  | le I - Noi                                     |        |                           | _   |   |        | quired,                    | Dis  |  |   |                                   |                           | Owned<br>5. Amou   |   | l c o   | aidanahin -  | 7. Nature                               |  |
| Date   |   |  |  | Date   | insaction<br>th/Day/Year) |   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |        | , Transaction Code (Instr. |  | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4<br>5) |   |                                   | 4 and Securiti<br>Benefic |  | es<br>ally<br>Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | n: Direct<br>r Indirect<br>str. 4)                                       | of Indirect<br>Beneficial<br>Ownership  |  |
|  |   |  |  |        |                           |   |   |        |                            | v  | Amount   | (A)<br>(D)  | or Pric                           |                           |  | ction(s)  |   |  | Instr. 4)                               |  |
| Class A Common - Restricted Stock Units                |   |  |  | 02/1   | /10/2005                  |   |   |        | A                          |  | 2,72   | 724 A   |                                   | \$ <mark>0</mark>         | 2,   | 2,724   |   | D  |   |  |
| Class A C  | A Common - Restricted Stock Units 02/1                                |  |  | 0/2005 | /2005                     |   |   | A      |                            | 10,00  | 00 A   | . ;   | \$ <mark>0</mark>                 | 12                        | ,724   |   | D   |  |   |  |
|  |   | 7  | able II -                                      |        |                           |   |   |        | uired, C<br>s, optior      |  |  |   |                                   |                           | Owned  |   |   |  |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)    | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deeme<br>Execution<br>if any<br>(Month/Day | Date,  |                           | Transaction Code (Instr.  |   | n of l |                            | 6. Date Exercisa<br>Expiration Date<br>(Month/Day/Year |  | And 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4 |                                   | 9                         | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)                        | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | s<br>Illy   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>t (Instr. 4) |  |
|  |   |  |  |        | Code                      | v   | (A)   | (D)    | Date<br>Exercisab          |  | xpiration<br>ate   | Title   | Amou<br>or<br>Numb<br>of<br>Share | er                        |  |   |   |  |   |  |
| Class A<br>Employee<br>Stock<br>Option<br>(Right to    | \$64.32   | 02/10/2005                                 |  |        | A                         |   | 7,820   |        | (1)                        | 0:   | 2/10/2015  | Class A<br>Common<br>Stock  | 7,82                              | 20                        | \$0  | 7,820   |   | D  |   |  |

# **Explanation of Responses:**

1. The options vest in four equal installments on each of the first four anniversaries of the February 10, 2005 grant date.

#### Remarks:

By: Dorothy M. Ingalls, 02/14/2005 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.