FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washir

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ngton, D.C. 20549 | 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(h) |

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* SANT ROGER W | | | | | M | 2. Issuer Name and Ticker or Trading Symbol MARRIOTT INTERNATIONAL INC /MD/ [MAR] | | | | | | | | | | ionship of Reportin all applicable) Director | | 10% C | | Owner |
|--|--|--|---|-------|---|--|-----|--|------------------------------------|--|--------------------|---|---------------------------|----------------------|----------------------------|---|---|--|-----------------------|---------------------------------------|
| (Last) (First) (Middle) 10400 FERNWOOD ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/12/2004 | | | | | | | | | | Officer (give title below) | | Other (s below) | | | |
| (Street) BETHESDA MD 20817 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | . Indivi ine) X | ridual or Joint/Group Filing (Check Applicable 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 | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date, | | | 3. Transaction Disposed Code (Instr. 8) | | ties Acquired (A) I Of (D) (Instr. 3, 4 | | | l and Secu Bend Own | | cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | | A) or D) | A) or D) Price | | | action(s) 3 and 4) | | | (Instr. 4) |
| Class A Common Stock-Dir. Def. Stock Comp Plan-1 | | | | | /2004 | 2004 | | | A ⁽¹⁾ | | 96 | | A | \$49 | 9.08 18 | | 8,850 | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transactic Code (Ins 8) | | | | 6. Date E Expiratio (Month/D | n Dat | е | 7. Title and Amount of Securities Underlying Derivative Security (Inst and 4) | | str. 3 | | vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | : ct (D) direct | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nui of | ount nber ares | | | | | | |

Explanation of Responses:

1. Shares are represented by phantom stock units accrued under the Issuer's 2002 Comprehensive Stock and Cash Incentive Plan in payment of directors fees and are to be settled in Issuer's Class A Common Stock upon Reporting Person's retirement.

> By: Dorothy M. Ingalls, Attorney-In-Fact

07/13/2004

** 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.