FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPR	OVAL
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nours per response	e 0.5

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 OF SECURITIES

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 ar																
1. Name and Address of Reporting Person* RICKLES RONALD L			2. Issuer Name and Ticker or Trading Symbol Wyndham Destinations, Inc. [WYND]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner						
(Last) (First) (Middle) C/O WYNDHAM DESTINATIONS, INC., 6277 SEA HARBOR DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 05/02/2019							Officer	r (give title belo	w)	Other (specify b	pelow)	
(Street)				4. If Amendment, Date 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						
ORLANDO, FL 32821 (City) (State) (Zip)				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, if any		3. Transacti Code (Instr. 8)		tion 4.	ion 4. Securities Acqui		ired 5. Amou f (D) Benefici Reported		unt of Securities ially Owned Following d Transaction(s)		6. Ownership Form:	Beneficial		
				(Month/Day/Year) (Instr. 3 and 4) Code V Amount (D) Price		or Indi (I)		or Indirect	Ownership (Instr. 4)							
Common	Stock		05/02/2019			A	1	74	8 (1)	A	\$ 0	3,135 (2)		D D		
Common	Common Stock										5,332 (3)			D		
Reminder:	Report on a s	separate line fo	or each class of secur	ities benefi	cially ow	vned d	irectly	y or indi	ectly.							
Reminder:	Report on a s	separate line fo	or each class of secur		•		P c tl	Persons containe he form	who ed in disp	respon this for plays a c	n are urrei	not requ ntly valid		ormation pond unle rol numbe	ss	1474 (9-02)
			Table II - 1	Derivative	Securiti	es Acq	quired s, opti	Persons containe he form d, Disposions, con	who ed in disp sed of	respon this for plays a c , or Bene ble secur	m are curred eficial ities)	not requ ntly valid ly Owned	ired to res	pond unle rol numbe	ss r.	, ,
1. Title of		3. Transaction	Table II - I	Derivative e.g., puts, 4. te, if Tran Code	Securiti calls, wa saction	es Acq errants	quired s, optimer ative ties red sed sed 3,	Persons containe he form	s who ed in disp sed of everti Exerci tration	respon this for plays a co , or Bene ble secur sable Date	ficial ities) 7. Ti Amo	not requ ntly valid	OMB cont	pond unle	of 10. Owners: Form of Derivati Security Direct (or Indire	11. Natu of Indire Benefici Ownersh (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
RICKLES RONALD L C/O WYNDHAM DESTINATIONS, INC. 6277 SEA HARBOR DRIVE ORLANDO, FL 32821	X					

Signatures

/s/ Carlos C. Clark as Attorney-in-Fact for Ronald L. Rickles	05/06/2019
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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).
- (1) Deferred stock units issued for quarterly retainer fees and dividends. Each deferred stock unit entitles the reporting person to receive one share of common stock following the reporting person's retirement or termination of service from the Board of Directors.
- (2) Includes previously reported deferred stock units.
- (3) Restricted stock units as previously reported.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.