### FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
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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

(Print or Ty	pe Response	s)														
1. Name and Address of Reporting Person * Savina James J				2. Issuer Name and Ticker or Trading Symbol Travel & Leisure Co. [TNL]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) (Middle) C/O TRAVEL + LEISURE CO., 6277 SEA HARBOR DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 03/01/2022							X Officer (give title below) Other (specify below)  See Remarks					
(Street) ORLANDO, FL 32821				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						
(City		(State)	(Zip)			Table	I - Non	-Deri	ivative S	ecurities	Acqui	ired, Disp	osed of, or I	Beneficially C	wned	
(Instr. 3)		2. Transaction Date (Month/Day/Year)			if C	3. Transaction Code (Instr. 8)		4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	ount of Securities cially Owned Following ted Transaction(s)		6. Ownership Form:	Beneficial	
				(Month/Day/Year)		ar)	Code	V	Amoun	(A) or (D)	Price	(Instr. 3 a	nstr. 3 and 4)		Direct (D) or Indirect I) Instr. 4)	Ownership (Instr. 4)
Common	Stock		03/01/2022				A		17,022 (1)	2 A	\$ 0	81,014	2)	]	)	
Common Stock										11,078	(3)		)			
			Table II - 1	Derivativ	ve Secui	ities A	1	conta the f	ained in orm dis	this for plays a	m are currer	not requesting noting valid		ormation spond unles rol number	s	1474 (9-02)
1 77:41 . 6	l <sub>a</sub>	2 75 4:		<i>e.g.</i> , put	s, calls,					ible secu		· · · · · · · · · · · · · · · · · · ·	0 D : C	0.31		11 37 /
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/	Year) Execution Da	re, if Transaction Code (Instr. 8)		of Der Sec Acc (A) Dis of (Ins	rivative urities quired or posed	6. Date Exercisable and Expiration Date (Month/Day/Year)		Amo Undo Secu	itle and bunt of erlying urities r. 3 and	o. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownersl Form of Derivati Security Direct (I or Indire	Beneficia Ownersh (Instr. 4)	
								Date Exer		Expiration Date	1 Title	Amount or Number of				

#### **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Savina James J C/O TRAVEL + LEISURE CO. 6277 SEA HARBOR DRIVE ORLANDO, FL 32821			See Remarks					

## **Signatures**

/s/ Jeff Zanotti as Attorney-in-Fact for James Savina	03/03/2022
**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).
- Restricted stock units granted on March 1, 2022 under the Registrant's Equity and Incentive Plan. The units vest in four equal installments on each of the first four (1) anniversaries of March 10, 2022, subject to the reporting person's continuous employment. The reporting person will receive one share of common stock for each vested
- (2) Includes previously reported restricted stock units.
- (3) Previously reported shares of common stock.

#### Remarks:

General Counsel & Corporate Secretary

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.