FORM	4
------	---

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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 Type Responses)											
1. Name and Address of Reporting Person [*] RICHARDS GEOFFREY			2. Issuer Name and Ticker or Trading Symbol Wyndham Destinations, Inc. [WYND]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
(Last) C/O WYNDHAM I SEA HARBOR DR		TR 7 C	3. Date of Earliest Transaction (Month/Day/Year) 03/04/2020					_X_Officer (give title below)Other (specify below)				
ORLANDO, FL 32	(Street) 321	•	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 - N	on-De	erivative S	ired, Disposed of, or Beneficially Owne	ed				
1.Title of Security (Instr. 3)			Execution Date, if any	3. Transact Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Owned Following Reported Transaction(s)	6. Ownership Form:	Beneficial		
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock		03/04/2020		А		24,366 (<u>1)</u>	А	\$ 0	69,994 ⁽²⁾	D		
Common Stock									25,894 ⁽³⁾	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
	Conversion	Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	tion)	n of Derivative H		6. Date Exercisable and Expiration Date (Month/Day/Year)				Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect (I)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date		Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Options (right to buy)	\$ 41.04	03/04/2020		А		68,775		<u>(4)</u>	03/04/2030	Common Stock	68,775.00	\$ 0	68,775	D	

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
RICHARDS GEOFFREY C/O WYNDHAM DESTINATIONS, INC. 6277 SEA HARBOR DRIVE ORLANDO, FL 32821			See Remarks				

Signatures

/s/ Carlos C. Clark as Attorney-in-Fact for Geoffrey Richards	03/06/2020	
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 4, 2020 under the Registrant's Equity and Incentive Plan. The units vest in four equal installments on each of the first four anniversaries of March 10, (1) 2020, subject to the reporting person's continued employment with the Registrant. The reporting person will receive one share of common stock for each vested restricted stock unit.

(2) Includes previously reported restricted stock units.

(3) Common stock as previously reported.

(4) Stock options granted on March 4, 2020 under the Registrant's Equity and Incentive Plan. The options vest in four equal installments on each of the first four anniversaries of March 10, 2020, subject to the reporting person's continued employment with the Registrant.

Remarks:

Title: Chief Operating Officer, Wyndham Vacation Ownership.

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.