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

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														
(Print or Type Responses) 1. Name and Address of Reporting Person * HUG MICHAEL			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) Chief Financial Officer					
(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)	Ta	ıble I - Noı	-Derivati	e Secu	ırities A	Acqui	red, Dispe	osed of, or I	Beneficially C	Owned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	(Instr. 8)	(A) or Disposed of (I		f(D)	Reported Transaction(s)		following (s)	Form:	7. Nature of Indirect Beneficial		
				(Month/Day/Year)	Code	V Am	ount	(A) or (D)	Price	(Instr. 3 a	/		Ownership (Instr. 4)	
Commor	Stock		03/01/2022		A	34, (1)	045	A S	\$ 0	158,047	158,047 ⁽²⁾		D	
Common Stock								41,836 (3)		D	D			
				ities belieficially ov		ly or indire	•							
			Table II - 1	Derivative Securiti		Persons containe the form	who re d in th displa	is forr	n are urrer	not requ ntly valid		ormation spond unles trol number	s	1474 (9-02)
	Γ.		(Derivative Securiti	ies Acquiro	Persons containe the form ed, Dispose tions, con	who red in the displayed of, o	nis form nys a c or Bene e secur	m are currer	not requantly valid	ired to res	spond unles trol number	:ss	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/\text{Month/Day/\footnote{\te	3A. Deemed Execution Dar Year) any	Derivative Securities, puts, calls, was ten if Transaction Code (Instr. 8)	ies Acquire arrants, op	Persons containe the form	who red in the displaced of, of ertible ercisal ation D	or Bene e securi ble	r are currer eficiallities) 7. Ti Amo	not requ ntly valid	OMB conf	spond unles	f 10. Owners Form of Derivat Security Direct (or Indir	11. Natur of Indirect Beneficia Ownersh (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
HUG MICHAEL C/O TRAVEL + LEISURE CO. 6277 SEA HARBOR DRIVE ORLANDO, FL 32821			Chief Financial Officer			

Signatures

/s/ Jeff Zanotti as Attorney-in-Fact for Michael Hug	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 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) Previously reported shares of common stock.

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.