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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | | | | | |
|-------------------------|---------------------------|------------------------------------|----------|--|-----------|-----------------------|-------|--------|---|-------------------|--|-------------------|----------------------|---------------------------------------|---|---|--|---|---|---|
| | nd Address of S STEPHI | | Person * | | | 'NDHA | | | | | rading Sy RESOR | | NC. | 5 | _X_ Direct | (Che | | cable) 10% Owner Other (specify | |) |
| |) IAM HOT SYLVAN | | | (Middle) | | ate of Ea | | t Tran | sactio | on (N | Month/Day | y/Year |) | | | Non-I | Executive Cl | nairman | | |
| DADCIDI | DANIX NII | (Street) | | | 4. If | Amendr | nent | , Date | Origi | nal I | Filed(Mont | h/Day/Y | ear) | | X_Form file | ed by One Repo | Group Filing orting Person One Reporting | | able Lii | ne) |
| (City | PANY, NJ | (State) | | (Zip) | | | 700 | | | | | ~ • | | | 1.51 | | | | | |
| | | | I | | | | 1 | | | | | | | | | | Beneficially | | 1 | |
| 1.Title of S (Instr. 3) | ecurity | | Date | nsaction h/Day/Year) | any | tion Dat | | | | tion | 4. Securi (A) or D (Instr. 3, | ispose | d of (D) |) | Benefici Reported | nt of Securi ally Owned I Transaction | Following | 6. Ownership Form: | of I | neficial |
| | | | | | (Mont | h/Day/Y | ear) | Coe | de | V | Amount | (A) or (D) | Pric | e | (Instr. 3 | and 4) | | Direct (D) or Indirect (I) (Instr. 4) | | nership str. 4) |
| Common | Stock | | 11/11 | 1/2019 | | | | SC | 1) | | 25,000 | D | \$ 54.87 (2) | 761 | 844,88 | 0 (3) | | D | | |
| Common | Stock | | 11/12 | 2/2019 | | | | SC | 1) | | 25,000 | D | \$ 54.76 (4) | 527 | 819,88 | 0 (3) | | D | | |
| Common | Stock | | | | | | | | | | | | | | 3,738 | <u>5)</u> | | D | | |
| Reminder: | Report on a s | separate line | for each | ı class of secu | ırities t | oeneficia | lly o | wned | | Per cor | rsons wh ntained i | no res n this | form a | are | not requ | | spond unle | ess | C 1474 | 4 (9-02) |
| | | | | Table II - | | | | | equir | ed, I | | of, or | Benefic | cially | | OMB cont | trol numbe | r. | | |
| | Conversion | 3. Transacti Date (Month/Day | | 3A. Deemed Execution D any (Month/Day | ate, if | 4. Transac Code | tion | 5. | ber vative rities ired r osed) | 6. I and (M | Date Exer d Expiration fonth/Day | cisable on Dat | e 7 e A U S | Tit Imou Inde Jecur Instr | le and unt of rlying rities . 3 and | | 9. Number Derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | Owner Form of Deriva Securit Direct or India | ship of tive y: (D) rect | 11. Nature of Indirec Beneficia Ownershi (Instr. 4) |
| | | | | | | Code | V | (A) | (D) | Da Exc | | Expira Date | ation T | itle | Amount or Number of Shares | | | | | |

Reporting Owners

| | | | Relatio | nships |
|---|----------|--------------|---------|------------------------|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other |
| HOLMES STEPHEN P WYNDHAM HOTELS & RESORTS, INC. 22 SYLVAN WAY PARSIPPANY, NJ 07054 | X | | | Non-Executive Chairman |

Signatures

| /s/ Paul F. Cash as Attorney-in-Fact for Stephen P. Holmes | 11/12/2019 | 9 | | | , | , | | | | | | | ١ | Ì | | | | | | | | | | | | | Ì | Ì | Ì | | | | | |) | , | , | , | , | , | , | , | , | , | | , | , | , | , | , |) | , |) |) |) |) | , | | , | , |) |) | 01 | 20 | 2 | /. | 2 <i>i</i> | 2 | 2 | 12 | 1 | 1 | 1 | 1 | /] | / | / | ./ | ./ | 1, | 1 | 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Signature of Reporting Person | Date | _ | | Ī | Ī | Ī | | | | | | • | | | | Ī | Ī | Ī | | | | | | | | • | | i | | | | | | Ī | | | Ī | Ī | Ī | Ī | | | | | | | | | Ī | Ī | | | | | | | | | | | | | | | е | te | ate |) a |)a | D | D | Г | Γ |] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | J | ╝ | - | - | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | | H | | | | |

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) Sale effectuated pursuant to Rule 10b5-1 plan covering 50,000 shares of common stock in the aggregate.
- The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$54.57 to \$55.47, inclusive. The reporting
- (2) person undertakes to provide to Wyndham Hotels and Resorts, Inc., any security holder of Wyndham Hotel and Resorts, Inc. or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price.
- (3) Includes shares of common stock previously reported.
- The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$54.47 to \$55.08, inclusive. The reporting
- (4) person undertakes to provide to Wyndham Hotels and Resorts, Inc., any security holder of Wyndham Hotel and Resorts, Inc. or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price.
- (5) 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.