FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to

1. Name and Address of Reporting Person*

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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|--|

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

5. Relationship of Reporting Person(s) to Issuer

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name **and** Ticker or Trading Symbol

| ARON ADAM M | | | | | | VAIL RESORTS INC [MTN] | | | | | | | | (Check all applicable) X Director | | | | 10% Ov | vner |
|---|---|--|--|------------|---|---|---|--------|-----------------------------------|---|----------------------|--|---|------------------------------------|---|--|--|--|--|
| (Last) 137 BEN | ` | (First) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/12/2005 | | | | | | | | 2 | X Officer (give title below) Other (spe below) Chief Executive Officer | | | | specify |
| (Street) AVON 81620 | | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | Line) X Form filed b | | nt/Group Filing (Check Apd d by One Reporting Person d by More than One Report | | n |
| (City) | ity) (State) (Zip) | | | | Person | | | | | | | | | | | · | | | |
| 1 Tido of | Caarreiter (Inc. | | ole I - Noi | 1 | | | | | <u> </u> | Dis | 1 | | | | y Owned | | 6.00 | manahin T | 7 Noture |
| Date | | | | Date | Transaction te onth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Di Code (Instr. 5) | | Disposed | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | Securitie Beneficia Owned F | s ally | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | | v | Amount | (A) (D) | or P | rice | Transact | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) |
| Common Stock | | | | | 12/12/2005 | | | | М | | 30,00 | 0 / | A | \$0 | 162 | ,144 | | D | |
| Common Stock | | | | 12/12/2005 | |)5 | | | М | | 30,00 | 0 1 |) | \$ <mark>0</mark> | 132,144 | | | D | |
| Common Stock | | | | 12/13/2005 | | | | M | | 30,00 | 0 / | A . | \$ <mark>0</mark> | 162 | 162,144 | | D | | |
| Common Stock | | | | 12/13/2005 | | | | M | | 30,00 | 0 1 |) | \$ <mark>0</mark> | 132,144 | | | D | | |
| Common Stock 12 | | | | 12/14 | 12/14/2005 | | | | | | 20,00 | 0 / | 1 | \$ <mark>0</mark> | 152,144 | | | D | |
| Common Stock 12/ | | | | 12/14 | 14/2005 | | | | M | | 20,00 | 0 I |) | \$ <mark>0</mark> | 132 | 2,144 | | D | |
| | | • | Table II - | | | | | | | | osed of, onvertil | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, 1 | 4. Transaction Code (Instr. 8) | | | | Expiration | 6. Date Exercisa Expiration Date (Month/Day/Yea | | of Secu Underly Derivati | 7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4) | s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | or Nur of | Number | | | | | |
| Option to Purchase | \$20 | 12/12/2005 | | | M | | | 30,000 | 07/29/199 | 07 | 07/29/2006 | Commo Stock | 30, | 000 | \$0 | 230,00 | 0 | D | |
| Option to Purchase | \$20 | 12/13/2005 | | | M | | | 30,000 | 07/29/199 | 7 (| 07/29/2006 | Commo Stock | ¹ 30, | 000 | \$0 | 200,00 | 0 | D | |
| Option to Purchase | \$20 | 12/14/2005 | | | M | 1 | | 20,000 | 07/29/199 | 7 (| 07/29/2006 | Common Stock 20 | | 000 | \$0 | 180,000 | | D | |

Explanation of Responses:

Remarks:

Wendy Reiter by POA

12/14/2005

** Signature of Reporting Person

Date

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

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

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 Number.

 $^{^{\}star}$ 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).