| SEC Form 4 |
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FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| l | OMB Number: | 3235-0287 | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| l | Estimated average burden | | | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | | | |

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 and Addres | s of Reporting Perso | n* | 2. Issuer Name and Ticker or Trading Symbol VAIL RESORTS INC [MTN] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--------------------------|---------------------------------------|-------|---|---|-----------------------------------|-----------------------|--|--|--|
| | | | | Х | Director | 10% Owner | | | |
| | (First) (Middle) AIL RESORTS, INC. | | 3. Date of Earliest Transaction (Month/Day/Year) 09/24/2021 | | Officer (give title below) | Other (specify below) | | | |
| 390 INTERLOCKEN CRESCENT | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | (Check Applicable | | | | |
| (Street) | | | | x | Form filed by One Repo | rting Person | | | |
| BROOMFIELD | СО | 80021 | | | Form filed by More than Person | One Reporting | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|---|---|--------|---------------|-------------------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130.4) |
| Common Stock | 09/25/2021 | | М | | 922 | Α | \$ <mark>0</mark> | 19,872 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr and 5 | vative rities ired r osed) c. 3, 4 | 6. Date Exerc Expiration Da (Month/Day/Y | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
|---|---|--|---|------------------------------|---|--|---|--|--------------------|--|--|---|--|--|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Restricted Share Unit | \$0.0 | 09/24/2021 | | Α | | 599 | | (1) | (1) | Common Stock | 599 | \$ <mark>0</mark> | 599 | D | | | |
| Restricted Share Unit | \$0.0 | 09/25/2021 | | м | | | 922 | (2) | (2) | Common Stock | 922 | \$0 | 0 | D | | | |

Explanation of Responses:

1. On September 24, 2021, Reporting Person was granted 599 RSUs, which vest in one installment on September 24, 2022.

2. On September 25, 2020, Reporting Person was granted 922 RSUs, which vested in one installment on September 25, 2021.

Remarks:

Emily S. Barbara, Attorney-in-09/28/2021

Fact for John Redmond

** Signature of Reporting Person Date

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

* 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).

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.