### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C. 2	0549
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Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
notruction 1/h)

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden 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

Name and Address of Reporting Person*     Campbell Patricia A						2. Issuer Name and Ticker or Trading Symbol VAIL RESORTS INC [ MTN ]								(Check	all app Dired	olicable)		Ssuer Owner (specify
	L RESORT	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/14/2016								X	below)		below) untain Division	
(Street) BROOM (City)	FIELD C		30021 Zip)		_   4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person			
		Tabl	le I - N	on-Deriv	/ative	Sec	uritie	s Ac	quire	d, Di	sposed o	f, or B	Benefic	ially	Own	ed		
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Disposed O				nd 5) Secu Bene		icially d Following	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		Trans	action(s) 3 and 4)		(111501.4)		
Common Stock 10/14				10/14/	2016	016			S		3,000	D	\$153	.61 <sup>(1)</sup>	16,593		D	
Common Stock 10/14/2				2016	016			S		1,822	D	\$154	\$154.45 <sup>(2)</sup>		14,771			
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)	Executi if any	Execution Date, if any		ransaction code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			vative urity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	or Number of Shares					

## **Explanation of Responses:**

- 1. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$153.14 to \$154.13, inclusive. The Reporting Person undertakes to provide Vail Resorts, Inc., any security holder of Vail 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 within the ranges set forth in this footnote.
- 2. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$154.17 to \$154.76, inclusive. The Reporting Person undertakes to provide Vail Resorts, Inc., any security holder of Vail 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 within the ranges set forth in this footnote.

## Remarks:

Emily Barbara, Attorney-infact for Patricia A. Campbell

10/18/2016

\*\* 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.