FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									

0.5

Estimated average burden hours per response:

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

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*     JONES JEFFREY W					2. Issuer Name and Ticker or Trading Symbol VAIL RESORTS INC [ MTN ]								Check	all applic Director	able)	g Pers	on(s) to Iss 10% O Other (s	Owner	
(Last) (First) (Middle) C/O VAIL RESORTS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 09/30/2007								X	below)		below)			
390 INTERLOCKEN CRESCENT, STE. 1000						4 If Amandment Date of Original Filed (Manth/Date)								6. Individual or Joint/Group Filing (Check Applicable					
(Street) BROOMFIELD CO 80021					_   4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								ne)	X Form filed by One Reporting Person Form filed by More than One Reporting				
(City) (State) (Zip)														Person					
		Tal	ole I - Noi	n-Deri	vativ	e Se	curi	ties Ac	quired,	Dis	posed o	f, or Be	neficia	ally (	Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)				4 and 5) Securi Benefi Owned		s Illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D) Pri			Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 09/30,				0/200	/2007		М		1,333	В А		0	10,520(1)			D			
Common Stock 09/30				0/200	)/2007		F		414 <sup>(2)</sup> D		\$62	.29	10,106			D			
			Table II -								osed of, convertib				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Yea	Date,	Code (Instr				Expiration Date (Month/Day/Year)			7. Title a Amount Securitie Underlyi Derivativ (Instr. 3 a	of s ng e Securit	8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficial Owned Following Reported Transactio	Owner Form: Direct or Indi (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amour or Number of Shares	er		(Instr. 4)	J.II(3)		
Restricted Share	\$0 <sup>(3)</sup>	09/30/2007			M			1,333 <sup>(1)</sup>	09/30/20	07	09/30/2008	Common Stock	1,333	3	\$0	1,334		D	

## **Explanation of Responses:**

- 1. On September 30, 2005, Reporting Person was granted 4,000 Restricted Share Units, that vest in three equal annual installments commencing on the first anniversary of the grant date. On September 30,2007, the second one-third tranche of Restricted Share Units vested and 1,333 shares of common stock were issued to the Reporting Person.
- 2. 414 shares of common stock were withheld from the issuance of common stock to Reporting Person upon vesting of Restricted Share Units, in order to satisfy the Reporting Person's obligations for payment of withholding and other taxes due in connection therewith.
- 3. Each Restricted Share Unit represents a contingent right to receive one share of common stock.

Jeffrey W. Jones

10/01/2007

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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).

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.