FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

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

0.5

hours per response:

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 Address of Reporting Person* | | | | | | 2. Issuer Name and Ticker or Trading Symbol VAIL RESORTS INC [MTN] | | | | | | | | | eck all appli C Directo | cable) or | ng Per | son(s) to Iss 10% Ov | |
|--|---|--|---|---|-------------------------------|--|---|--------|---------------------------------------|-------------------------------------|------------------|--|-------------------------------|----------------------------|---|---|---------------|--|--|
| | L RESOR | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/26/2014 | | | | | | | | | | Officer (give title below) | | Other (s below) | specify | | |
| 390 INTERLOCKEN CRESCENT | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) BROOMFIELD CO 80021 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (City) (State) (Zip) | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | n-Deriva | ative | Se | curiti | ies Ad | quired, | Dis | osed o | of, or Be | enef | iciall | y Owned | t c | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | ar) I | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Dispose Code (Instr. 5) | | | | | Benefici | es ally Following | Form (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) (D) | or F | rice | Transac | Transaction(s) (Instr. 3 and 4) | | | insu. 4) |
| Common Stock 09/26/ | | | | | | /2014 | | | | | 2,569 |) ⁽¹⁾ A | | \$ <mark>0</mark> | 59 | 9,540 | | D | |
| | | T | able II - | | | | | | uired, D s, option | | | | | | 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/Da | Date, T | 4. Transa Code (1 3) | | of E | | 6. Date Ex Expiration (Month/Da | Date | | 7. Title ar Amount of Securitie Underlyir Derivativ (Instr. 3 a | of s ig e Seci | urity | 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) |
| | | | | c | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Ame or Nun of Sha | | | | | | |
| Restricted | \$0 | 09/26/2014 | | | M | | | 2,569 | (1) | | (1) | Common | 2.5 | 69 | \$0 | 0 | | D | |

Explanation of Responses:

 $1.\ On\ September\ 26,\ 2013,\ the\ Reporting\ Person\ was\ granted\ 2,569\ Restricted\ Share\ Units,\ which\ vested\ on\ September\ 26,\ 2014.$

Jason K. Zachary, Attorney-in-09/30/2014 Fact for John F. Sorte

** 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.