FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average b | urden | | | | | | | | |

Ownership

Direct (D)

or Indirect (I) (Instr. 4)

D

Form:

of Indirect

Beneficial

Ownership

(Instr. 4)

| obligations may continue. See Instruction 1(b). | | | | | | | it to Section 16(a) | es Exchange | 34 | | hour | urs per response: 0.5 | | 0.5 | | | | | |
|--|---------|-----------------------------|---------------------|--|---|--|---|-------------|------------|-------------------------------|---|---|---|---|-------|------------|----------|--|--|
| | | | | | | | tion 30(h) of the li | | | | | | | | | | | | |
| 1. Name and Address of Reporting Person* | | | | 2. Issuer Name and Ticker or Trading Symbol VAIL RESORTS INC [MTN] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | |
| <u>Vaughn Peter A</u> | | | | | VIII | <u> I KLJORIJ</u> | 1110 | LIVII | IN] | | - [| X Direc | tor | | 10% C | wner | | | |
| | L RESOF | (First) (Middle) ORTS, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/23/2015 | | | | | | | er (give title v) | | | (specify | | |
| 390 INTERLOCKEN CRESCENT | | | | | 4. If An | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) BROOMFIELD CO 80021 | | | | | | | | | | | | X Form | filed by M | ed by One Reporting Person ed by More than One Reporting | | | | | |
| (City) | (| (State) | | (Zip) | | | | | | | | | | | | | | | |
| | | | Tab | le I - No | n-Deri\ | ative S | ecurities Acc | uired, | Dis | posed of, | or Ben | eficial | lly Owne | d | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | action Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | | | | d Securit Benefic Owned | 5. Amount of Securities Beneficially Owned Following | | vnership n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | | |
| Common Stock 09/23 | | | | 3/2015 | | М | | 2,119(1) | A | \$0 | 5 | 5,357 | | D | | | | | |
| | | | 7 | | | | curities Acqu lls, warrants, | | | | | | / Owned | | | | | | |
| 1. Title of 2. 3. Transaction 3A. Deemed | | | | ed | 4. | 5. Number 6 | 6. Date Ex | ercisa | ble and 7. | . Title and | | 8. Price of | 9. Numb | er of | 10. | 11. Nature | | | |

Expiration Date (Month/Day/Year)

Date

Exercisable

(1)

Expiration

(1)

Date

Restricted Share Unit **Explanation of Responses:**

\$<mark>0</mark>

Conversion

or Exercise

Price of Derivative

Security

(Month/Day/Year)

09/23/2015

Derivative

Security (Instr. 3)

1. On September 23, 2014, the Reporting Person was granted 2,119 Restricted Share Units, which vested on September 23, 2015.

Jason K. Zachary, Attorney-in-09/25/2015 Fact for Peter A. Vaughn

** Signature of Reporting Person Date

Derivative

Security

(Instr. 5)

\$<mark>0</mark>

Securities

Title

Commor Stock

Underlying Derivative Security

Amount Number

Shares

2,119

(Instr. 3 and 4)

Securities

Following Reported Transaction(s) (Instr. 4)

0

Owned

Beneficially

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

Execution Date,

(Month/Day/Year)

if anv

Transaction

Code (Instr.

ν

Code

M

8)

Derivative

Securities

Acquired

(A) or Disposed of (D) (Instr. 3, 4

(D)

2,119

and 5)

(A)

- * 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.