FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	PROVAL
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	Check this box if no longer subject to								
)	Section 16. Form 4 or Form 5								
J	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

1 Nome or	nd Addross (of Donorting Dorson	*		2 19	ssuer	Name	and Ti	cker or Tra	adina	Symbol			5.6	Relations	in of Reporti	na Pers	son(s) to Iss	suer	
1. Name and Address of Reporting Person* KATZ ROBERT A					2. Issuer Name and Ticker or Trading Symbol VAIL RESORTS INC [MTN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
KAIZ KUDEKI A															X Dire	ector		10% O		
(Last)	(1	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)									-	X Offi	cer (give title ow)		Other (below)	specify	
C/O VAIL RESORTS, INC.					09/	09/26/2014									Chief Exec.Officer & Chairman					
390 INTERLOCKEN CRESCENT																				
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street) BROOMFIELD CO 80021															ne) X Form filed by One Reporting Person					
BROOMFIELD CO 80021					_										Form filed by More than One Reporting					
(City)	(:	State)	(Zip)												Pe	son				
		Tab	le I - No	n-Deriv	vative	Se	curit	ies Ac	quired	, Dis	sposed o	of, or	Ber	neficial	ly Owr	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Executio			Transaction Dispose Code (Instr. 5)		rities Acquired (A) or d Of (D) (Instr. 3, 4 an			Secu Bene Own	nount of rities ficially ed Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership			
										v	Amount	(A) or D)	Price	Repo Tran (Inst	saction(s) 3 and 4)			(Instr. 4)	
Common Stock 09/26/2					6/2014	2014		M		1,268	(1)	A	\$0	160,971			D			
Common Stock 09/26/.				6/2014	2014		F		591 ⁽²⁾		D	\$85.6	69 160,380			D				
		-	Гable II -												/ Owne	d				
	<u> </u>			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		calls	·				converti									
1. Title of Derivative Security (Instr. 3) Convers Price of Derivati Security		3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transa Code (8)				6. Date E Expiratio (Month/E	n Dat	Amou Secul Unde Deriv		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price Derivati Security (Instr. 5)	e derivative	ve es ally ng d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title		Amount or Number of Shares						
Restricted	\$0	09/26/2014			M			1,268	(1)		(1)	Comr		1,268	\$0	2,534		D		

Explanation of Responses:

- 1. On September 26, 2013, the Reporting Person was granted 3,802 Restricted Share Units, which vest in three equal annual installments beginning on September 26, 2014.
- 2. 591 shares of common stock were withheld from the issuance of common stock to the 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.

Jason K. Zachary, Attorney-in-Fact for Robert A. Katz

09/30/2014

** 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.