## FORM 4

obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
Occident 10. Form 4 of Form 5		

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*     Arnold Fiona					2. Issuer Name and Ticker or Trading Symbol VAIL RESORTS INC [ MTN ]											neck all appl Direct	ationship of Reportin k all applicable) Director Officer (give title		g Person(s) to Issuer 10% Owner Other (specify	
	(Last) (First) (Middle) 390 INTERLOCKEN CRESCENT SUITE 1000					Date o /04/2		est Trar	nsact	tion (Mo	nth/E	Day/Year)		^ below	below) below) Sr. VP and General Counsel					
(Street) BROOM	IFIELD C	0	80021		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							ar)		6. Individual or Joint/Group Filing (Check App Line)  X Form filed by One Reporting Person  Form filed by More than One Report					
(City)	(9	State)	(Zip)																	
		Tab	le I - Nor	n-Deriv	ative	Sec	curiti	es Ac	cqu	ired, I	Disp	osed o	of, o	r Ben	eficia	ly Owne	d			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		ar) E	2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Ins			Dispose	urities Acquired (A) sed Of (D) (Instr. 3, 4			Benefic	ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										Code	v	Amount		(A) or (D)	Price	Transac	ansaction(s) str. 3 and 4)			(11311. 4)
Common	n Stock 10/			10/04	4/200	/2007			М		312	!	A	\$0	3	12(1)		D		
Common	on Stock 10			10/04	4/2007					F		97(2	)	D	\$65.	6 2	215		D	
		T	able II -							•		sed of onverti	•		-	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,	Code (Ins				6. Date Exercisal Expiration Date (Month/Day/Year)			Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		4)	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exe	e ercisable		piration ite	Title	0 N	Amount or Number of Shares	er				
Restricted Share Unit	\$0 <sup>(3)</sup>	10/04/2007			M			312	10/	04/2007	10	/04/2009	Com	mon ck	312	\$0	624		D	

## **Explanation of Responses:**

- 1. On October 4, 2006, Reporting Person was granted 936 Restricted Share Units which vest in three equal annual installments commencing on the first anniversary of the grant date. On October 4, 2007, the first one-third tranche of Restricted Share Units vested and 312 shares of commons stock were issued to the Reporting Person.
- 2. 97 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.

Fiona E. Arnold 10/08/2007

\*\* 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.