FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours per response:	0.5									

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

1. Name and Address of Reporting Person* Lynch Kirsten A.					2. Issuer Name and Ticker or Trading Symbol VAIL RESORTS INC [MTN]								(Ch	S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last)	(F L RESORT	*	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/24/2023									X Director 10% Own X Officer (give title below) CEO & Director				- 1	
390 INTERLOCKEN CRESCENT					4. I1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	Street) BROOMFIELD CO 80021				-										X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)		Rı	Rule 10b5-1(c) Transaction Indication								•						
					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,			Code	Transaction Code (Instr. 3,			d (A) or r. 3, 4 and	Benefic Owned	es Formially (D) (Following (I) (I		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amoun	t	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 09/24/2				1/2023	2023			М		2,20)9	A	\$0	27	7,990		D			
Common Stock 09/24/2			1/2023	2023					843(1)		D	\$244.2	6 27,147			D				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	ned n Date,	4. Transa Code (8)	ction	5. Number on of		6. Date	6. Date Exercisa Expiration Date (Month/Day/Year		7. A S U	7. Title and Amount of Securities Inderlying Derivative Instr. 3 an	Security d 4)	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (or Indir (I) (Inst	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date		Γitle	Amount or Number of Shares						
Restricted Share Unit	\$0.00	09/24/2023			M			2,209	(2)		(2)	C	Common Stock	2,209	\$0	2,209		D		

Explanation of Responses:

- 1. 843 shares of common stock were withheld from the issuance of common stock to Reporting Person upon vesting of RSUs in order to satisfy the Reporting Person's obligations for payment of withholding and other taxes due in connection therewith.
- 2. On September 24, 2021, Reporting Person was granted 6,626 RSUs, which vest in three equal installments beginning on September 24, 2022.

/s/ David Shapiro, Attorney-in-09/26/2023 Fact for Kirsten A. Lynch

** 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.