## FORM 4

## **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 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

| Name and Address of Reporting Person*     SORTE JOHN F   |   |            |                 | 2. Issuer Name <b>and</b> Ticker or Trading Symbol VAIL RESORTS INC [ MTN ] |  |  |     |       |   |  |                    | (Ch   | Relationship of Reporting Person(s) to Issuer (Check all applicable)   |   |   |  |  |            |  |
|--|---|------------|-----------------|---|--|--|-----|-------|---|--|--------------------|---|--|---|---|--|--|------------|--|
|  |   |            | 1               |   |  |  |     |       |   |  | 2                  | X Director  |  |   | 10% Ov  | vner   |  |            |  |
| (Last)   | (F<br>L RESORT  |            | (Middle)        |   |  |  |     |       |   |  |                    |   |  |   | Officer<br>below)   | (give title Other (specify below)                                  |  | specify    |  |
| 390 INTERLOCKEN CRESCENT   |   |            |                 | 4. If   | 4. If Amendment, Date of Original Filed (Month/Day/Year) |  |     |       |   |  |                    |   |  | 6. Individual or Joint/Group Filing (Check Applicable |   |  |  |            |  |
| (Street)   | FIELD C   | 0 8        | 80021           |   |  |  |     |       |   |  |                    |   |  |   | X Form filed by One Reporting Person Form filed by More than One Reporting Person |  |  |            |  |
| (City)   | (S  | tate) (    | (Zip)           |   |  |  |     |       |   |  |                    |   |  |   |   |  |  |            |  |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |   |            |                 |   |  |  |     |       |   |  |                    |   |  |   |   |  |  |            |  |
| 1. Title of Security (Instr. 3)  2. Transar Date (Month/Da   |   |            | Execution Date, |   | Code (Instr. 5)  |  |     |       | 5. Amou<br>Securiti<br>Benefici<br>Owned I<br>Reporte   | es For<br>ially (D)<br>Following (I) ( |                    | rm: Direct<br>) or Indirect<br>(Instr. 4)           | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |   |   |  |  |            |  |
|  |   |            |                 |   |  |  |     | Code  | v   | Amount                                 | (A)<br>(D)         | or  | Price  | Transac<br>(Instr. 3                                  | tion(s)   |  |  | (111511.4) |  |
| Common Stock 09/23/  |   |            | /2015           | 5   |  |  | М   |       | 2,119   | (1)                                    | 1                  | \$ <mark>0</mark>                                   | 61,659   |   |   | 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 Date Execution Date, (Month/Day/Year) Security Security  3. Transaction Date Execution Date, if any (Month/Day/Year) |   |            | Date, T         | ransaction of ode (Instr. Derivative  |  | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |     |       | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Secur<br>(Instr. 3 and 4) |  |                    | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) |   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4)          | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |            |  |
|  |   |            |                 | c   | Code   | v  | (A) | (D)   | Date<br>Exercisal   |  | expiration<br>pate | Title   | or<br>Nu<br>of   | nount<br>mber<br>ares                                 |   |  |  |            |  |
| Restricted<br>Share Unit   | \$0   | 09/23/2015 |                 |   | M  |  |     | 2,119 | (1)   |  | (1)                | Common  | 2,   | 119   | \$0   | 0  |  | D          |  |

## **Explanation of Responses:**

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

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