FORM 4

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
obligations may continue. See
Inchryotian 1/h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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* O'Donnell James C.						2. Issuer Name and Ticker or Trading Symbol VAIL RESORTS INC [MTN]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				ner
(Last) (First) (Middle) 390 INTERLOCKEN CRESCENT						3. Date of Earliest Transaction (Month/Day/Year) 09/27/2018								X Officer (give title Other (specify below) EVP, Hospitality, Retail & RE				
	BROOMFIELD CO 80021				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Line) X Form filed by One Reporting Portion Form filed by More than One Reports on Person											orting Persor	ı
(City)	(Sta		Zip)		<u> </u>								<u> </u>					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						2/ Ex	A. Deeme kecution any lonth/Day	3.		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of ndirect Beneficial Ownership (Instr. 4)	
							v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			[illisu. 4)			
Common Stock 09/27/							2018				380(1)	A \$0		5,0	5,612		D	
Common Stock 09/27/						2018			F		168(2)	D \$286.		3 5,4	5,444		D	
		Т									osed of, convertib			Owned				
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	n Date,	4. Transactic Code (Inst		on of		6. Date Exercisa Expiration Date (Month/Day/Yea		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s illy	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 Share Unit	\$0.0	09/27/2018			M			380	(1)		(1)	Common Stock	380	\$0	758		D	
Restricted Share Unit	\$0.0	09/27/2018			A		1,482		(3)		(3)	Common Stock	1,482	\$0	1,482	2	D	
Share Appreciation	\$286.13	09/27/2018			A		3,445		(4)		09/27/2028	Common	3,445	\$0	3,445	,	D	

Explanation of Responses:

- 1. On September 27, 2017, Reporting Person was granted 1,138 Restricted Share Units ("RSUs"), which vest in three equal annual installments beginning on September 27, 2018.
- 2. 168 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.
- 3. On September 27, 2018, Reporting Person was granted 1,482 RSUs, which vest in three equal annual installments beginning on September 27, 2019.
- 4. On September 27, 2018, Reporting Person was granted 3,445 Share Appreciation Rights, which vest in three equal annual installments beginning on September 27, 2019.

Remarks:

Emily S. Barbara, Attorney-in-Fact for James O'Donnell

10/01/2018

** 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.