FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Į	OMB APPROVAL												
	OMB Number:	3235-02											

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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Shapiro David T						2. Issuer Name and Ticker or Trading Symbol VAIL RESORTS INC [ MTN ]						(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify				
(Last) C/O VAIL	(Last) (First) (Middle) C/O VAIL RESORTS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 08/01/2015						EVP, General Counsel & Sec.				
390 INTE		If Amendment, Date of Original Filed (Month/Day/Year)						6. In	6. Individual or Joint/Group Filing (Check Applicable								
(Street) BROOMFIELD CO 80021					, , , , , , , , , , , , , , , , , , , ,							Line	Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
(City)	(City) (State) (Zip)											. 5.55					
		Table	e I - Non-D	erivat	ive S	Secu	ırities	Ac	quired, Di	sposed o	f, or Ber	eficiall	y Owned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5)			5. Amour Securitie Beneficia Owned F Reported	s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code V	Amount	(A) or (D)	Price	Transacti (Instr. 3 a	ction(s)		- 1	(Instr. 4)
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. Deemed Execution Da if any (Month/Day/Y	Co	4. Transactio Code (Instr 8)				6. Date Exerc Expiration Da (Month/Day/\)	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
				Co	ode \	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Restricted Share Unit	\$0	08/01/2015			A		162		(1)	(1)	Common Stock	162	\$0	162		D	
Restricted Share Unit	\$0	08/01/2015			A		4,943		(2)	(2)	Common Stock	4,943	\$0	4,943		D	
Share Appreciation Right	\$109.69	08/01/2015		,	A		1,539		(3)	08/01/2025	Common Stock	1,539	\$0	1,539		D	

## Explanation of Responses:

- 1. On August 1, 2015, Reporting Person was granted 162 Restricted Share Units ("RSUs"), which vest in three equal annual installments beginning on August 1, 2016.
- 2. On August 1, 2015, Reporting Person was granted 4,943 RSUs, which cliff vest on August 1, 2018.
- 3. On August 1, 2015, Reporting Person was granted 1,539 Share Appreciation Rights, which vest in three equal annual installments beginning on August 1, 2016.

Jason K. Zachary, Attorney-infact for David T. Shapiro

08/04/2015

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.