FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | D.C. 20549 |
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| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | |
| 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* SCHNEIDER HILARY | | | | | | 2. Issuer Name and Ticker or Trading Symbol VAIL RESORTS INC [MTN] | | | | | | | | | | | c all appli Directo | cable) or | ng Per | son(s) to Iss 10% Ov | vner | |
|--|--|--|---|---------|---------------------------------------|--|---|-------|------------|---|--------|--|---|-------|--|---|--|---|---|--|---|--|
| | O VAIL RESORTS, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/25/2020 | | | | | | | | | | Officer below) | (give title | | Other (s | specify | |
| 390 INTERLOCKEN CRESCENT | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) BROOMFIELD CO 80021 | | | | | m | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (Si | tate) | (Zip) | | | | | | | | | | | | | | | | | | | |
| | | Tab | e I - Nor | n-Deriv | ative | Se | curitie | es Ac | qu | iired, | Dis | osed (| of, o | r Ber | neficia | lly | Owned | t | | | | |
| 1. Title of Security (Instr. 3) 2. Tran Date (Monti | | | | | action Day/Yea | ar) i | 2A. Deemed Execution Date, if any (Month/Day/Year) | | , | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | nd | 5. Amou Securitie Beneficia Owned F Reported | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | nt (A) or (D) | | Price | | Transaction(s) (Instr. 3 and 4) | | | | (11150.4) | | |
| Common Stock 09/25 | | | | | 5/2020 | /2020 | | | M | | 910 A | | \$0 | | 19,772 | | | 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. Deemd Execution if any (Month/Da | Date, | 4. Transactio Code (Insti 8) | | | | Exp | 6. Date Exercisa Expiration Date (Month/Day/Yea | | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | Security | De Se | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Dat Exe | te ercisable | | xpiration ate | Title | | Amount or Number of Shares | 1 | | | | | | |
| Restricted Share Unit | \$0.0 | 09/25/2020 | | | M | | | 910 | | (1) | | (1) | Com | | 910 | | \$0 | 0 | | D | | |
| Restricted Share Unit | \$0.0 | 09/25/2020 | | | A | | 922 | | | (2) | | (2) | Com | | 922 | | \$0 | 922 | | D | | |

Explanation of Responses:

- 1. On September 25, 2019, Reporting Person was granted 910 Restricted Share Units, which vested in one installment on September 25, 2020.
- 2. On September 25, 2020, Reporting Person was granted 922 Restricted Share Units, which vest in one installment on September 25, 2021.

Remarks:

Emily S. Barbara, Attorney-in-Fact for Hilary A. Schneider

** Signature of Reporting Person

09/29/2020

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.