FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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OMB APPROVAL

OMB Number: 3235-0287

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Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

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(C). Se	ee Instruction 1	0.																	
Name and Address of Reporting Person* Korch Angela A				2. Issuer Name and Ticker or Trading Symbol VAIL RESORTS INC [MTN]								Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Korch	Aligeia A	:			1						-				Direc			10% O	
,					<u> </u>									1	Office below	er (give title		Other (s	specify
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)										,	linan	,	or	
C/O VAIL RESORTS, INC.				10/03/2024								EVP & Chief Financial Officer							
390 INTERLOCKEN CRESCENT																			
					4. If Amendment, Date of Original Filed (Month/Day/Year)							r) 6	6. Individual or Joint/Group Filing (Check Applicable						
(Street)						1. II 7 anonamoni, bate of original Filed (World Day) Teal)								Line)					
	FIELD CO	. 8	002	1	1									Form filed by One Reporting Person					on
DROOM	I ILLD CC	, o	002	1	1									Form filed by More than One Reporting					orting
, au ,					1										Perso	on			
(City)	(St	ate) (Z	Zip)																
		Table	I - I	Non-Deriva	tive	Secui	rities	Acc	quire	ed, Di	sposed c	of, or l	Benefic	ially	Own	ed			
1. Title of S	Security (Inst	tr. 3)		2. Transaction		2A. Deemed 3. 4. Securities Acquired (A										7. Nature			
				Date (Month/Day/Ye		Execution Date, ar) if any			Transaction Code (Instr.		Disposed Of (D) (Instr. 3, 4 and		r. 3, 4 and						of Indirect Beneficial
		()	((Month/Da		r) 8	8)									Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
						C	Code V		Amount	(A) or Price			Transa	action(s)			(111301. 4)		
					_			+				(D)			(Instr.	3 and 4)			
Common Stock 10/03/2024			4			P		165	A	A \$173.095 ⁽¹⁾		2,187			D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
											converti			•					
1. Title of	2.	3. Transaction	3A.	Deemed	4.		5. Nun	nber	6. D	ate Exe	rcisable and	7. Tit	le and	8. P	rice of	9. Number	of	10.	11. Nature
Derivative Conversion Date Security or Exercise (Month/Day/Yea				Execution Date, if any		saction of e (Instr. Deriva		tivo	Expiration Date ve (Month/Day/Year)				unt of rities	Derivative Security		derivative Securities		Ownership Form:	of Indirect Beneficial
(Instr. 3)			8)	(mou.	Securities		es Uni			Unde			tr. 5)	Beneficially	, I	Direct (D)	Ownership		
				Acquired (A) or									Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)			
	,				Disp		Disposed					3 and 4)			Reported Transaction(s)	- 1	(, (,		
				of (D) (Instr. 3, 4				4							(Instr. 4)				
						-		and 5)						_					
													Amount	1					
													Number	1					
					Code	, _v	(A)	(D)	Date	e rcisable	Expiration Date	Title	of Shares	1					
							٠٠,	ν-,				1	1						

Explanation of Responses:

1. All shares were acquired at the reported price in an open-market transaction.

Remarks:

/s/ Lucy Jensen, Attorney-in-Fact for Angela A. Korch

10/04/2024

** 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.