## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES	S IN BENEFICIA	L OWNERSHIP

OMB APPRO	DVAL
OMB Number:	3235-0287
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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

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Name and Address of Reporting Person*  I Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol VAIL RESORTS INC [ MTN ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
KATZ ROBERT A					••	VALUE RESORTS INC [ WITH ]										X Director		10% Owner		wner
(Last)	(F	irst) (	(Middle)		3. [	Date of Earliest Transaction (Month/Day/Year)								X Office below	r (give title )		Other ( below)	specify		
C/O VAIL RESORTS, INC.				09/	09/26/2016										Chief Exec.Officer & Chairman					
390 INTERLOCKEN CRESCENT																				
					4. 11	Ame	ndmer	nt. Date	of Oriai	nal Fi	led	(Month/D	av/Ye	ar)	6.1	ndividual or	Joint/Grou	o Filino	g (Check Ar	pplicable
(Street)								,	3					/	Lin	e)				·
BROOM	FIELD C	0	30021														,		orting Perso	
																Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)																	
		Tab	le I - No	n-Deriv	ative	Sec	curiti	ies Ac	quire	d, D	isp	osed o	of, o	r Ber	neficial	ly Owne	d			
1. Title of S	Security (Ins	tr. 3)		2. Transa	action				3. 4. Securities Acquired (A)						5. Amo Securit				7. Nature of Indirect	
Date (Month)			(Month/E	Day/Yea	ır) if	Execution Date, if any		Transaction Code (Instr.			Disposed Of (D) (Instr. 3, 4			. 3, 4 and	Benefic	ially	(D) o	Form: Direct (D) or Indirect	Beneficial	
						(Month/Day/Year)		r) 8)							Report		(I) (Ir		Ownership (Instr. 4)	
									Cod	le V		Amount		(A) or (D)	Price	Transa (Instr. 3				
Common Stock 09/26				/2016	2016		М			1,267	(1)	A	\$0	26	2,486		D			
Common	Stock			09/26	/2016				F			591 <sup>(2</sup>	)	D	\$155	.8 26	261,895 D			
		Т	able II -	Deriva	tive S	Secu	ritie	s Acq	uired	, Dis	pc	sed of	, or I	Bene	ficially	Owned			,	
												onverti								
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/Da	Date,	Date, Transac Code (Ir		of Deri Sec Acq (A) ( Disp of (I	oosed D) tr. 3, 4	6. Date Expira (Month	tion D	ate	ble and	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		14)	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly Di or	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable		xpiration ate	Title		Amount or Number of Shares					
Restricted Share Unit	\$0.0	09/26/2016			M			1,267	(1)			(1)	Com		1,267	\$0	0		D	

## **Explanation of Responses:**

- 1. On September 26, 2013, Reporting Person was granted 3,802 Restricted Share Units ("RSUs"), which vest in three equal annual installments beginning on September 26, 2014.
- 2. 591 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.

## Remarks:

Emily Barbara, Attorney-in-Fact for Robert A. Katz

09/28/2016

\*\* 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.