FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

vvasilington, D.C. 20040

OMB APPROVAL						
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Estimated average burden						
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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 S	Sectio	n 30(h)	of the	Investme	ent Co	mpany Act	of 1940								
1. Name and Address of Reporting Lesson					2. Issuer Name and Ticker or Trading Symbol VAIL RESORTS INC [MTN]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner							
(Last) (First) (Middle) 800 MARKET STREET SUITE 2900						3. Date of Earliest Transaction (Month/Day/Year) 08/12/2008									Officer (give title below) Officer (give title below)					
					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person						
		Tabl	e I - No	on-Deriv	ative	Sec	uritie	s Ac	quired	l, Dis	sposed o	f, or E	Benef	iciall	y Own	ed				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,		3. 4. Securitie Disposed Code (Instr. 8)			es Acquired (A) or Of (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A) or (D)		ice	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common Stock 08/12/20				008		S		3,500(2)	A	A \$45.0		3 7,450,906 ⁽¹⁾			I ⁽³⁾	See Footnote ⁽³⁾				
		Та	ble II -								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)	Execution Date, if any		4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se (Ir	Price of erivative ecurity istr. 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 tt (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er						
		f Reporting Person*	/MO																	

1. Name and Address of Reporting Person*									
RALCORP HOLDINGS INC /MO									
(Last)	(First)	(Middle)							
800 MARKET STREET									
SUITE 2900									
(Street)									
SAINT LOUIS	MO	63101							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person*									
RH FINANCIAL CORP									
(Last)	(First)	(Middle)							
800 MARKET STREET									
SUITE 2900									
(Street)									
SAINT LOUIS	MO	63101							
(City)	(State)	(Zip)							

Explanation of Responses:

- $1.\ 4,\!950,\!100\ of\ these\ shares\ are\ subject\ to\ previously\ reported\ Forward\ Sale\ Contracts.$
- 2. The sale of shares were made pursuant to a 10b5-1 Plan.
- 3. The securities are owned directly by RH Financial Corporation, a Nevada corporation and wholly-owned subsidiary of the Reporting Person. The Reporting Person is an indirect beneficial owner of the reported securities.

Remarks:

/s/ Charles G. Huber, Jr., Secretary

** Signature of Reporting Person

Date

08/14/2008

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.