## FORM 4

### **UNITED STATES SECU**

Washington, D.C. 20549

RITIES AND EXCHANGE COMMISS	SION
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OMB APPROVAL									
OMB Number: 3235-028									
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).

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 10b5-1(c). See

### 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

Name and Address of Reporting Person*     Korch Angela A				2. Issuer Name and Ticker or Trading Symbol VAIL RESORTS INC [ MTN ]							(Chec	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify						
(Last) (First) (Middle) C/O VAIL RESORTS, INC. 390 INTERLOCKEN CRESCENT						3. Date of Earliest Transaction (Month/Day/Year) 09/27/2024								Officer (give title Other (specify below)  EVP & Chief Financial Officer				
(Street)	TELD CO		4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting Person							
		Tak	ole I - Non	-Deriv	ative	Sec	curities	s Acq	uired	, Dis	oosed of,	or Bene	eficially	Owned				
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)					rities Acquired (A) or ed Of (D) (Instr. 3, 4 and		Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	Ownership	
									Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 and			(Instr. 4)	
Common Stock 09/29					/2024		M		1,195	A	<b>\$0</b>	2,366		D				
Common Stock 09/29/					/2024			F		344(1)	D	\$180.61	1 2,022		D			
		•	Table II - E								osed of, o			wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, T	4. Transaction Code (Instr. 8)				6. Date Expira (Month	tion Da			ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	Owner Form: Direct or Indi (I) (Ins	(D) Beneficia Ownersh ect (Instr. 4)	
				c			(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares		Transactio (Instr. 4)	on(s)		
Restricted Share Unit	\$0	09/27/2024			Α		4,631		(2	)	(2)	Common Stock	4,631	\$0	4,631	D		
Share							17,079					Common	17.070		17.070			
Appreciation Right	\$180.61	09/27/2024			A		17,079		(3	)	09/27/2034	Stock	17,079	\$0	17,079	P D		

#### **Explanation of Responses:**

- 1. 344 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.
- 2. On September 27, 2024, Reporting Person was granted 4,631 RSUs, which vest in three equal installments beginning on September 27, 2025.
- 3. On September 27, 2024, Reporting Person was granted 17,079 Share Appreciation Rights, which vest in three equal installments beginning on September 27, 2025.
- 4. On September 29, 2023, Reporting Person was granted 3,586 RSUs, which vest in three equal installments beginning on September 29, 2024.

# Remarks:

/s/ Lucy Jensen, Attorney-in-Fact for Angela A. Korch \*\* Signature of Reporting Person

10/01/2024

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.