## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPRO	OVAL					
OMB Number:	3235-0287					
Estimated average burden						
hours per response:	0.5					
	OMB Number: Estimated average burd					

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	Section	30(h)	of the	Investme	ent Co	mpany Act	of 1940							
				. Issuer Name <b>and</b> Ticker or Trading Symbol /AIL RESORTS INC [ MTN ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
(Last) (First) (Middle) 3. Da				3. Date of Earliest Transaction (Month/Day/Year) 08/12/2008									Officer (give title below)  Officer (specify below)						
(Street) SAINT L (City)	OUIS M		53101 Zip)			Amen 14/20		Date o	of Origina	al File	d (Month/Da	ay/Year)		6. Inc Line)	Forn	n filed by O	ne Re	ng (Check / porting Pera	son
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date			2. Transac Date (Month/Da	Execution Date		Date,	3. Transa Code (1 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a 5)				5. Amor Securit Benefic Owned Reporte	es ially Following	Forn (D) o	n: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	r Pri	Transaction(s)				(111501. 44)	
Common Stock 08/12/2		2008	008		S		3,500(2)	D	\$4	45.03	7,45	7,450,906(1)		T(3)	See Footnote <sup>(3)</sup>				
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  Security  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)		on Date,	Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se (In	Price of erivative ecurity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er					
		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	МО	63101						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person*  RH FINANCIAL CORP								
(Last)	(First)	(Middle)						
800 MARKET STREET								
(Street)								
ST 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.,

<u>Secretary</u>

\*\* Signature of Reporting Person

Date

08/14/2008

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.