FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasnington,	D.C.	20549	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

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

1. Name and Address of Reporting Person* JENSEN WILLIAM					2. Issuer Name and Ticker or Trading Symbol VAIL RESORTS INC [MTN]							lationship of k all applica Director Officer (g	ble)	Perso	n(s) to Issue 10% Ow Other (s	ner	
(Last) C/O VAIL	(Firs	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/04/2006						7 ^	pelow)	SVP, COO	O - V	below)		
390 INTERLOCKEN CRESCENT, STE. 1000					If Amendment, Date of Original Filed (Month/Day/Year)						6. Ind	6. Individual or Joint/Group Filing (Check Applicable					
(Street) BROOMF	IELD CO		30021							Line)	,				ng		
(City)	(Sta	te) (Zip)			Feisuil											
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date				action 2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.			5. Amount Securities Beneficiall Owned Fol Reported	Form: ly (D) or		Direct I Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership				
						Code	v	Amount	(A) or (D)	Price	Transactio (Instr. 3 an				Instr. 4)		
	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)	perivative Conversion Date Execution Date, Transcription or Exercise (Month/Day/Year) if any		ansaction of E			6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and A of Securities Underlying Derivative Se (Instr. 3 and 4		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Co	de V	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares					
Restricted Share Units	\$0 ⁽¹⁾	10/04/2006		А		2,247		10/04/2007	(2)	10/04/2009 ⁽²⁾	Common Stock	2,247	\$0	2,247		D	
Share Appreciation Right	\$39.72 ⁽³⁾	10/04/2006		А		20,018		10/04/2007 ⁽	(4)	10/04/2016 ⁽⁴⁾	Common Stock	20,018	\$0	20,018	3	D	

Explanation of Responses:

- 1. Each Restricted Share Unit represents a contingent right to receive one share of common stock.
- 2. On October 4, 2006, Reporting Person was granted 2,247 Restricted Share Units which vest in three equal annual installments commencing on the first anniversary of the grant date.
- 3. Each Share Appreciation Right (each, an "SAR") represents a contingent right to receive, upon vesting, an amount of shares of Issuer's common stock equal to the positive difference (if any) between the fair market value of Issuer's common stock on the exercise date and the SAR exercise price, divided by the fair market value of Issuer's common stock on the exercise date.
- 4. On October 4, 2006, Reporting Person was granted 20,018 SAR's which vest in three equal annual installments commencing on the first anniversary of the grant date and expire 10 years from the grant date.

Wendy Reiter, by Power of Attorney

10/06/2006

** 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.