## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C. 20549

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0362							
Estimated average burden							
hours por rosponso:							

Form 3 Holdings Reported.

Form	4 Transactions	Reported.	Filed	I pursuant to S or Section 3														
Name and Address of Reporting Person*     Vaughn Peter A				2. Issuer Name and Ticker or Trading Symbol VAIL RESORTS INC [ MTN ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner								
(Last)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 07/31/2021						Officer (give title below)  Other (specify below)					у						
390 INTERLOCKEN CRESCENT			4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)									
(Street) BROOMFIELD CO 80021										X Form filed by One Reporting Person  Form filed by More than One Reporting  Person								
(City)	(St	ate) (2	Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any		3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispo Of (D) (Instr. 3, 4 and 5)			Securiti Benefic		ies Ow ially For		ership : Direct	7. Nature Indirect Beneficia Ownersh	eneficial			
				(Month/Day/Year)		8)		Amoun	t	(A) or (D)			Issuer's	at end of (D) of Fiscal Indirections (Inst		ect (I)	(Instr. 4)	iip
Common Stock			10/08/2020	G			5	50	D	D \$0		6,975		D				
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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) o Disp of (D (Inst and	osed )) r. 3, 4	Expiration Date (Month/Day/Year)		Amount of Securities Underlying Derivative Security (Ins 3 and 4)  Expiration  Expiration  Amount of Securities Underlying Derivative Security (Ins 3 and 4)		r. Cr.	b. Price of Derivative Security Instr. 5)			10. Owners Form: Direct (i or Indir (i) (Instr	hip of In Ben O) Own ect (Inst	Nature ndirect leficial nership tr. 4)	

Explanation of Responses:

Remarks:

Emily S. Barbara, Attorneyin-Fact for Peter A. Vaughn

09/10/2021

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.