VAIL RESORTS INC

Form 4

September 23, 2015

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB

Check this box

3235-0287 Number: January 31, Expires:

if no longer subject to Section 16. Form 4 or Form 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

2005 Estimated average burden hours per response... 0.5

obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Campbell Patricia A

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

(Last) (First) VAIL RESORTS INC [MTN]

(Check all applicable)

(Middle)

(Street)

(State)

(Zip)

3. Date of Earliest Transaction (Month/Day/Year)

09/21/2015

Director 10% Owner X_ Officer (give title Other (specify below)

C/O VAIL RESORTS, INC., 390 INTERLOCKEN CRESCENT

4. If Amendment, Date Original

President - Mountain Division

Filed(Month/Day/Year)

Applicable Line) _X_ Form filed by One Reporting Person

6. Individual or Joint/Group Filing(Check

Form filed by More than One Reporting Person

BROOMFIELD, CO 80021

(City)

(City)	(State)	(Zip) Tabl	le I - Non-I	Derivative Secu	rities Acqu	ired, Disposed of	, or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities A or(A) or Dispose (Instr. 3, 4 and (A) or Amount (D)	ed of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	09/21/2015		M	382 <u>(1)</u> A	\$ 0	10,372	D	
Common Stock	09/21/2015		F	123 <u>(2)</u> D	\$ 108.13	10,249	D	

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date		4.	5. Number			7. Title and A		
Derivative	Conversion	(Month/Day/Year)	Execution Date, if			Expiration Date		, ,		Derivat
Security	or Exercise		any	Code	Derivative	(Month/Day/	Year)	(Instr. 3 and	4)	Securit
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Securities					(Instr. 5
	Derivative				Acquired					
	Security				(A) or					
					Disposed					
					of (D)					
					(Instr. 3, 4,					
					and 5)					
									Amount	
						D.	E		or	
						Date	Expiration	Title	Number	
						Exercisable	Date		of	
				Code V	(A) (D)				Shares	
Restricted Share Unit	\$ 0	09/21/2015		M	382	<u>(1)</u>	<u>(1)</u>	Common Stock	382	\$ 0

Reporting Owners

Reporting Owner Name / Address	Relationships						
roporting of the reality reality	Director	10% Owner	Officer	Other			
Campbell Patricia A C/O VAIL RESORTS, INC. 390 INTERLOCKEN CRESCENT BROOMFIELD, CO 80021			President - Mountain Division				

Signatures

Jason K. Zachary, Attorney-in-fact for Patricia A.
Campbell
09/23/2015

**Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- (1) On September 21, 2012, Reporting Person was granted 1,146 Restricted Share Units which vest in three equal annual installments beginning on September 21, 2013.
- (2) 123 shares of common stock were withheld from the issuance of common stock to Reporting Person upon vesting of Restricted Share Units in order to satisfy the Reporting Person's obligations for payment of withholding and other taxes due in connection therewith.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Owners 2