Edgar Filing: VAIL RESORTS INC - Form 4

VAIL RESO	RTS INC											
Form 4												
September 30), 2014											
FORM	1								-	PPROVAL		
	UNIII	ED STATE			AND EX 1, D.C. 20		NGE	COMMISSION	OMB Number:	3235-0287		
Check thi							Expires:	January 31,				
subject to	if no longer subject to STATEMENT OF CHANC					ICIA	LOW	NERSHIP OF	Estimated	2005 average		
Section 10		SECURITIES							burden hours per			
Form 4 or Form 5									response	0.5		
obligation								ge Act of 1934,				
may conti	inue. Section		n) of the In	•	•	- ·		of 1935 or Sectio	n			
See Instru 1(b).	iction	50(1	i) of the m	vestmen	i Compa	ly ne	10117	-10				
1(0).												
(Print or Type R	lesponses)											
		*								<i>(</i>)		
	ddress of Report	ing Person _		er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
SCHNEIDER HILARY Symbol												
			VAIL R	VAIL RESORTS INC [MTN]				(Check all applicable)				
(Last)	(First)	(Middle)			Fransaction							
				onth/Day/Year)				Officer (give title Other (specify				
	KEN CRESC		09/26/20)14				below)	below)	er (opeen)		
INTERLOC			4 10 4	1		1				(21.1		
				4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
			rneu(mon	ui/Day/1ea	ar)			_X_ Form filed by	One Reporting Po	erson		
BROOMFIE	ELD, CO 8002	21						Form filed by M Person	More than One R	eporting		
(City)	(State)	(Zip)	Table	e I - Non-	Derivative	Secur	ities Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction	Date 2A. De	eemed	3.	4. Secu			5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Y		tion Date, if		tionAcquir			Securities	Form: Direct	Indirect		
(Instr. 3)		any (Mont	CodeDisposed of (D)/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)					Beneficially Owned		Beneficial Ownership		
		X	· · · · · · · · · · · · · · · · · · ·	X	, , , , , , , , , , , , , , , , , , , ,	,	- /	Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
Comment				Code	V Amour	t (D)	Price					
Common Stock	09/26/2014			Μ	2,569 (1)	А	\$0	12,078	D			

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transacti Code (Instr. 8)	5. Number onof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pr Deri Secu (Inst
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Share Unit	\$ 0	09/26/2014		М	2,569	<u>(1)</u>	(1)	Common Stock	2,569	Ş

Reporting Owners

Reporting Owner Name / Address							
	Director	10% Owner	Officer	Other			
SCHNEIDER HILARY C/O VAIL RESORTS, INC. 390 INTERLOCKEN CRESCENT BROOMFIELD, CO 80021	Х						
Signatures							
Jason K. Zachary, Attorney-in-Fact Schneider	for Hilary	/ A.	0	9/30/2014			
**Signature of Reporting Per		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 26, 2013, the Reporting Person was granted 2,569 Restricted Share Units, which vested on September 26, 2014.

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.