Edgar Filing: VAIL RESORTS INC - Form 4

VAIL RESORTS INC

Form 4 November 05												
									OMB APPROVAL			
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287			
Section 16. Form 4 or			CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Expires:January 31, 2005Estimated averageburden hours per response0.5			
Form 5 obligations may continue. See Instruction 1(b). 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												
(Print or Type R	esponses)											
KATZ ROBERT A Symbo			2. Issuer Symbol	Issuer Name and Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer			
			VAIL RESORTS INC [MTN]						(Check all applicable)			
(Month				ate of Earliest Transaction nth/Day/Year) 05/2004					_X_ Director10% Owner Officer (give titleOther (specify below)below)			
			endment, Date Original nth/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
VAIL, CO 8	1658								Form filed by M Person			
(City)	(State)	(Zip)	Table	e I - Non	ı-De	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, any (Month/Day/Year)		on Date, if	Code (D)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)					
				Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	11/05/2004			J <u>(1)</u>		10,545	А	\$0	10,545 <u>(2)</u>	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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Edgar Filing: VAIL RESORTS INC - Form 4

Reporting Owners

Reporting Owner Name / Addre	ss	Relationships							
F	Director	10% Owner	Officer Other						
KATZ ROBERT A C/O VAIL RESORTS, INC. P.O. BOX 7 VAIL, CO 81658	Х								
Signatures									
Robert A. Katz	11/05/2004								
**Signature of	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).

The Reporting Person received an aggregate of 10,545 shares of the Issuer's common stock, par value \$.01 per share ("Common Stock"), for no consideration in pro rata distributions to the Reporting Person in his capacities as a limited partner of each of Apollo Investment (1) Fund, L.P., a Delaware limited partnership ("AIF"), and Apollo Advisors, L.P., a Delaware limited partnership and the general partner of AIF. The Reporting Person disclaims beneficial ownership of the shares of Common Stock held for the account of AIF.

This number does not include shares of Common Stock issuable upon the exercise of options held for the account of the Reporting (2) Person.

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 Person