Edgar Filing: VAIL RESORTS INC - Form 4

VAIL RESORTS INC

Form 4											
September 2											
FORM	14 UNITEI) STATES					NGE C	COMMISSION	OMB AF OMB	PROVAL 3235-0287	
Check th	Was	Washington, D.C. 20549									
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Statement OF CHANGES IN BENEFICIAL OWN SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Section 17(a) of the Public Utility Holding Company Act of 1940 30(h) of the Investment Company Act of 1940						e Act of 1934, f 1935 or Section	Expires: January 3 20 Estimated average burden hours per response 0				
(Print or Type]	Responses)										
Barkin Michael Z Sym			Symbol	Name and			ıg	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	VAIL RESORTS INC [MTN] (Che 3. Date of Earliest Transaction				(Chec	ck all applicable)			
C/O VAIL	RESORTS INC. CKEN CRESCE	., 390	(Month/D 09/26/20	ay/Year)	ansaction			Director X Officer (give below) EVP & Ch		Owner er (specify officer	
Filed(Mo				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
BROOMFI	ELD, CO 80021							Person		F8	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	r) Executio any	med n Date, if Day/Year)	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	spose	d 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)		
Common Stock	09/26/2016			M	514 <u>(1)</u>		\$ 0	11,173	D		
Common Stock	09/26/2016			F	240 (2)	D	\$ 155.8	10,933	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.

Edgar Filing: VAIL RESORTS INC - Form 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)	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)	Derivative	6. Date Exercisable and Expiration Date (Month/Day/Year)		(Instr. 3 and 4)		8. Price Derival Securit (Instr. 5
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Share Unit	\$ 0	09/26/2016		М	514	(1)	(1)	Common Stock	514	\$ 0

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Barkin Michael Z C/O VAIL RESORTS INC. 390 INTERLOCKEN CRESCENT BROOMFIELD, CO 80021			EVP & Chief Financial Officer				
Signatures							
Emily Barbara, Attorney-in-Fact for Barkin	Michael	Z.	09/28/2016				
**Signature of Reporting Person			Date				
Explanation of Resp	onses	S:					

- * 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, Reporting Person was granted 1,542 Restricted Share Units ("RSUs"), which vest in three equal annual installments beginning on September 26, 2014.
- (2) 240 shares of common stock were withheld from the issuance of common stock to Reporting Person upon vesting of RSUs 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.