Edgar Filing: VAIL RESORTS INC - Form 4

VAIL RESO	RTS INC											
Form 4												
September 30	0, 2014											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									PPROVAL			
CUNIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check thi								Expires:	January 31,			
if no longer subject to STATEMENT OF CHAN				NGES IN BENEFICIAL OW					NERSHIP OF		2005 average	
Section 1				SECURITIES						Estimated average burden hours per		
Form 4 or										response 0.5		
Form 5 obligation		^						-	ge Act of 1934,			
may cont	Section			•		•	- ·		f 1935 or Sectio	n		
See Instru 1(b).	uction	30(h	i) of the Inv	vestme	nt (Company	y Act	of 19	40			
(Print or Type F	Responses)											
Barkin Michael Z Symbol									5. Relationship of Reporting Person(s) to Issuer			
VA				VAIL RESORTS INC [MTN]					(Check all applicable)			
(Last) (First) (Middle) 3. Date of				ate of Earliest Transaction								
				n/Day/Year)					Director 10% Owner X_ Officer (give title Other (specify			
	KESOR IS IN		09/26/20)14					below)	below)		
	(Street)		4. If Ame	ndment.	Dat	e Original			6. Individual or Jo	oint/Group Fili	ng(Check	
				d(Month/Day/Year)					Applicable Line)			
BROOMFIE	ELD, CO 800	21		·					_X_ Form filed by 0 Form filed by N Person	One Reporting Po More than One Ro		
(City)	(State)	(Zip)	Table	e I - Nor	n-De	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficia	lly Owned	
1.Title of	2. Transaction								6. Ownership 7. N	7. Nature of		
Security	(Month/Day/Y	on Date, if TransactionAcquired (A) or							Form: Direct	Indirect		
(Instr. 3)		•	any (Month/Day/Year)		CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				Beneficially Owned	D) or indirect (I)	Beneficial Ownership	
		(intoint	11 Duy (1011)	(insu:	(1150, 0) $(1150, 5, 4 and 5)$			5)		(Instr. 4)	(Instr. 4)	
							(A)		Reported			
							or		Transaction(s) (Instr. 3 and 4)			
~				Code	V	Amount	(D)	Price	(msu. 5 and 4)			
Common Stock	09/26/2014			М		514 <u>(1)</u>	А	\$0	2,017	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)

Reporting Owners

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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 on of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration D (Month/Day/	ate	7. Title and A Underlying S (Instr. 3 and	Securities	8. Price Derivat Securit (Instr. 5
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Share Unit	\$ 0	09/26/2014		М	514	<u>(1)</u>	<u>(1)</u>	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								
Jason K. Zachary, Attorney-in-Fact Barkin	for Micha	ael Z.	09/30/2014					

**Signature of Reporting Person

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 1,542 Restricted Share Units, which vest in three equal annual installments beginning on September 26, 2014.

Date

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.