

### VAIL RESORTS INC

# Reported by **SORTE JOHN F**

#### FORM 4

(Statement of Changes in Beneficial Ownership)

### Filed 03/20/17 for the Period Ending 03/16/17

Address 390 INTERLOCKEN CRESCENT

**SUITE 1000** 

BROOMFIELD, CO 80021

Telephone 303-404-1800

CIK 0000812011

Symbol MTN

SIC Code 7990 - Miscellaneous Amusement And Recreation

Industry Leisure & Recreation

Sector Consumer Cyclicals

Fiscal Year 07/31



[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

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### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *					2.	2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
SORTE JOHN F					V	VAIL RESORTS INC [ MTN ]												
(Last)	(Fi	rst) (	) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)							X Director 10% Owner Officer (give title below) Other (specify below)				
C/O VAIL RESORTS, INC., 390 INTERLOCKEN CRESCENT						3/16/2017												
(Street)					4.	4. If Amendment, Date Original Filed (MM/DD/YYYY)							(Y) 6. Indi	6. Individual or Joint/Group Filing (Check Applicable Line)				
BROOMFIELD, CO 80021 (City) (State) (Zip)													X _ Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Trans. Da				. Date	2A. De Execut Date, if	ion	3. Trans. C (Instr. 8)	ode	4. Securities Acquired (ADisposed of (D) (Instr. 3, 4 and 5)			Following	5. Amount of Securi Following Reported (Instr. 3 and 4)		ities Beneficially Owned Transaction(s)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price					or Indirect (I) (Instr. 4)	
Common Stock 3/16/2017			017			S		2397	D	\$186.883	34	56362			D			
Common Stock 3/16/2				017			S		200	D	\$186.8	7	56162			D		
Common Stock 3/17/2017				017			S		200	D	\$187.0	5	55962			D		
Common Stock 3/17/2017				017	S			2655	D	\$187.050	)5	53307			D			
Common Stock 3/17/2			3/17/2	017	<u>'                                    </u>		S		630	D	\$187.0	5	52677		D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	ans. 3A. D Execu Date,	ition (	4. Trans (Instr. 8	Acqu Dispo				6. Date Exercisable and Expiration Date			e and Amount ities Underlyin ative Security 3 and 4)	Jnderlying Deriva Security Securit		derivative Securities Beneficially Owned	Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security				Code	· V	(A)	(D)		ate xercisable	Expiration Date	on Title	Amount or N Shares	umber of		Following Reported Transaction(s (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	

#### **Explanation of Responses:**

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director 10%		Officer	Other			
SORTE JOHN F C/O VAIL RESORTS, INC. 390 INTERLOCKEN CRESCENT BROOMFIELD, CO 80021	X						

#### **Signatures**

Emily S. Barbara, Attorney-in-Fact for John F. Sorte	3/20/201	
** Signature of Reporting Person	Date	

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

- \* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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.