Edgar Filing: VAIL RESORTS INC - Form 4

VAIL RESOL	RTS INC									
Form 4										
October 09, 2	.007									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287		
Check this								Expires:	January 31,	
if no longe	er STATEM	ENT OF CHAN	IGES IN I	ES IN BENEFICIAL OWNER				Estimated average		
Section 16. SECURITI				ITIES				Estimated a burden hou	0	
Form 4 or								response	•	
Form 5	Filed purs	uant to Section	6(a) of the	e Securiti	es Ez	xchang	ge Act of 1934,			
obligation may contin) of the Public U	•	•	- ·			on		
See Instru		30(h) of the I	nvestment	Compan	y Act	of 19	40			
1(b).										
(Print or Type R	esponses)									
(Thin of Type It	esponses)									
1. Name and Ac	dress of Reporting P	erson <u>*</u> 2. Issue	er Name and	Ticker or '	Fradin	g	5. Relationship of	f Reporting Per	son(s) to	
HYDE THOMAS D Symbol							Issuer			
		-	RESORTS	INC [M	TN]				、 、	
(Last)	(First) (M	iddle) 3. Date of	of Earliest Tra	insaction			(Cheo	ck all applicable	e)	
			Aonth/Day/Year)				X Director 10% Owner			
			0/04/2007				Officer (give title Other (specify below)			
INTERLOCI	KEN CRESCENT	Г, STE.					below)	below)		
1000										
			endment, Date Original			6. Individual or Joint/Group Filing(Check				
			Ionth/Day/Year)				Applicable Line)			
							X Form filed by Form filed by 1			
BROOMFIE	LD, CO 80021						Person		eporting	
(City)	(State) (2	Zip) Tab	le I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned	
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if		onAcquired			Securities	Form: Direct	Indirect	
(Instr. 3)		any (Month/Day/Year		CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)					Beneficial Ownership	
		(Monul/Day/Teal) (IIIsu. 8)	(11150.5,	4 апо	5)	Following	(Instr. 4)	(Instr. 4)	
					(A)		Reported			
					or		Transaction(s) (Instr. 3 and 4)			
			Code V	Amount	(D)	Price	(insu: 5 and 4)			
Common	10/04/2007		М	2,809	А	\$0	2,809 (1)	D		
Stock										

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 on f 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)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Share Units	\$ 0 <u>(2)</u>	10/04/2007		М	2,809 (1)	10/04/2007	10/04/2007	Common Stock	2,809

Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
HYDE THOMAS D C/O VAIL RESORTS, INC 390 INTERLOCKEN CRES BROOMFIELD, CO 80021	Х						
Signatures							
Thomas D. Hyde	10/09/2007						
<u>**</u> 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).
- (1) On October 4, 2006, Reporting Person was granted 2,809 Restricted Share Units that vest in one installment on the first anniversary of the grant date. On October 4, 2007, the Restricted Share Units vested and 2,809 shares of common stock were issued to the Reporting Person.
- (2) Each Restricted Share Unit represents a contingent right to receive one share of common stock.

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