

Barkin Michael Z
 Form 3
 April 09, 2013

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 Responses)

1. Name and Address of Reporting Person *

Â Barkin Michael Z
 (Last) (First) (Middle)

390 INTERLOCKEN
 CRESCENT, SUITE 1000

(Street)

BROOMFIELD,Â COÂ 80021

(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)
 04/08/2013

3. Issuer Name and Ticker or Trading Symbol
 VAIL RESORTS INC [MTN]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner
 Officer Other
 (give title below) (specify below)
 EVP & Chief Financial Officer

5. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)

2. Amount of Securities Beneficially Owned (Instr. 4)

3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)

4. Nature of Indirect Beneficial Ownership (Instr. 5)

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and Expiration Date (Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)

4. Conversion or Exercise Price of Derivative Security

5. Ownership Form of Derivative Security: Direct (D) or Indirect (I)

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Date Exercisable Expiration Date Title Amount or Number of Shares

Edgar Filing: Barkin Michael Z - Form 3

(Instr. 5)

Restricted Share Unit	07/30/2013 ⁽¹⁾	07/30/2015 ⁽¹⁾	Common Stock	1,713	\$ 0	D	Â
Restricted Share Unit	09/21/2013 ⁽²⁾	09/21/2015 ⁽²⁾	Common Stock	834	\$ 0	D	Â
Share Appreciation Right	07/30/2013 ⁽³⁾	07/30/2022 ⁽³⁾	Common Stock	1,457	\$ 50.11	D	Â
Share Appreciation Right	09/21/2013 ⁽⁴⁾	09/21/2022 ⁽⁴⁾	Common Stock	7,891	\$ 54.07	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Barkin Michael Z 390 INTERLOCKEN CRESCENT, SUITE 1000 BROOMFIELD,Â COÂ 80021	Â	Â	Â EVP & Chief Financial Officer	Â

Signatures

Adam Averbach, Attorney-in-fact for Michael Z.
Barkin

04/09/2013

__Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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 July 30, 2012, Reporting Person was granted 1,713 Restricted Share Units which vest in three equal annual installments commencing on the first anniversary of the grant date.
- (2) On September 21, 2012, Reporting Person was granted 834 Restricted Share Units which vest in three equal annual installments commencing on the first anniversary of the grant date.
- (3) On July 30, 2012, Reporting Person was granted 1,457 Share Appreciation Rights which vest in three equal annual installments commencing on the first anniversary of the grant date and expire 10 years from the grant date.
- (4) On September 21, 2012, Reporting Person was granted 7,891 Share Appreciation Rights which vest in three equal annual installments commencing on the first anniversary of the grant date and expire 10 years from the grant date.

Â

Remarks:

ExhibitÂ List:Â Â ExhibitÂ 24Â -Â PowerÂ ofÂ Attorney

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.