#### VAIL RESORTS INC Form 3/A October 26, 2016 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB Number:

### **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<br>Person <u>*</u><br>Romanow Michele  |                         |   | 2. Date of Event Requiring<br>Statement<br>(Month/Day/Year)  | 3. Issuer Name <b>and</b> Ticker or Trading Symbol<br>VAIL RESORTS INC [MTN]  |  |                         |   |  |
|---|-------------------------|---|--|---|--|-------------------------|---|--|
| (Last) (First) (Middle)<br>C/O VAIL RESORTS,<br>INC., 390 INTERLOCKEN<br>CRESCENT<br>(Street)<br>BROOMFIELD, CO 80021 |                         |   | 10/26/2016   | 4. Relationship of Reporting<br>Person(s) to Issuer<br>(Check all applicable) |  |                         | 5. If Amendment, Date Original<br>Filed(Month/Day/Year)<br>10/25/2016   |  |
|   |                         |   |  | XDirector10% Owner<br>OfficerOther<br>(give title below) (specify below)      |  | Owner<br>r              | <ul> <li>6. Individual or Joint/Group</li> <li>Filing(Check Applicable Line)</li> <li>_X_Form filed by One Reporting</li> <li>Person</li> <li> Form filed by More than One</li> </ul> |  |
| (City)  | (State)                 | (Zip)                                       |  |   |  |                         | Reporting Person  |  |
| 1.Title of Secur<br>(Instr. 4)  | rity                    |   | 2. Amount of<br>Beneficially<br>(Instr. 4)   |   | 3.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 5) | 4. Na<br>Owne<br>(Instr | *   |  |
| Common Sto  | ock                     |   | 291  |   | D  | Â                       |   |  |
| Reminder: Repo<br>owned directly  |                         |   | ach class of securities benefici   | ially S   | SEC 1473 (7-02   | 2)                      |   |  |
|   | Perso<br>infor<br>requi | ons who res<br>mation conta<br>red to respo | pond to the collection of<br>ained in this form are not<br>and unless the form displ<br>MB control number. |   |  |                         |   |  |

#### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security | 2. Date Exercisable and | 3. Title and Amount of | 4.          | 5.         | 6. Nature of Indirect |
|---------------------------------|-------------------------|------------------------|-------------|------------|-----------------------|
| (Instr. 4)                      | Expiration Date         | Securities Underlying  | Conversion  | Ownership  | Beneficial Ownership  |
|                                 | (Month/Day/Year)        | Derivative Security    | or Exercise | Form of    | (Instr. 5)            |
|                                 |                         | (Instr. 4)             | Price of    | Derivative |                       |
|                                 |                         |                        | Derivative  | Security:  |                       |

3235-0104

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

### Edgar Filing: VAIL RESORTS INC - Form 3/A

| Date        | Expiration | Title | Amount or | Security | Direct (D)  |
|-------------|------------|-------|-----------|----------|-------------|
| Exercisable | Date       |       | Number of |          | or Indirect |
|             |            |       | Shares    |          | (I)         |
|             |            |       |           |          | (Instr. 5)  |

# **Reporting Owners**

| <b>Reporting Owner Name / Address</b>   | Relationships |            |         |       |  |  |
|---|---------------|------------|---------|-------|--|--|
| 1   | Director      | 10% Owner  | Officer | Other |  |  |
| Romanow Michele<br>C/O VAIL RESORTS, INC.<br>390 INTERLOCKEN CRESCENT<br>BROOMFIELD, CO 80021 | ÂX            | Â          | Â       | Â     |  |  |
| Signatures  |               |            |         |       |  |  |
| Emily Barbara, Attorney-in-fact for Romanow   |               | 10/26/2016 |         |       |  |  |
| **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).

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### **Remarks:**

The purpose of this amendment is to attach the Exhibit 24 - Power of Attorney. Exhibit List: Exhibit 24 - Power of 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.