Edgar Filing: SKEHAN ANDREW G - Form 4

| SKEHAN ANL Form 4 | | | | | | | | | | | |
|---|------------------------------------|---|----------------------------------|--|---|--------------------|---------------|--|--|---|--|
| November 22, 2 FORM | 4 UNITED | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | |
| if no longer subject to Section 16. Form 4 or Form 5 obligations may continu <i>See</i> Instructi 1(b). | Filed pu e. Section 17 | STATEMENT OF CHANGES IN 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 Resp | ponses) | | | | | | | | | | |
| SKEHAN ANDREW G Symbol | | | | [•] Name and Ticker or Trading CHILL DOWNS INC] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Month/ | | | | of Earliest Transaction /Day/Year) 2004 | | | | Director 10% Owner X Officer (give title Other (specify below) below) below) EVP & Chief Operating Officer | | | |
| Filed(Mont | | | | ndment, Date Original th/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| LOUISVILLE | , KY 40208 | | | | | | | Person | whole than one it | cporting | |
| (City) | (State) | (Zip) | Table | e I - Non-Do | erivative S | Securi | ties Ac | quired, Disposed o | f, or Beneficia | lly Owned | |
| | 2. Transaction Da Month/Day/Yea | r) Executio any | emed on Date, if Day/Year) | 3. Transactic Code (Instr. 8) | 4. Securi onAcquired Disposed (Instr. 3, | d (A) o d of (D |) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock, no 1 par value | 1/18/2004 | | | Code V A | Amount 4,259 | | Price \$ 0 | (Instr. 3 and 4) 4,318 | 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)

| 1. Title Deriva Securi (Instr. | ative ity | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transact Code (Instr. 8) | 5. tionNumber of) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | ; | Date | 7. Title Amoun Under Securi (Instr. | nt of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|--------------|---|---|--------------------------------------|---|---------------------|--------------------|---|--|---|--|
| | | | | Code N | V (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Addr | ess | Relationships | | | | | | |
|--|------------|---------------|-------------------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| SKEHAN ANDREW G 700 CENTRAL AVE LOUISVILLE, KY 40208 | | | EVP & Chief Operating Officer | | | | | |
| Signatures | | | | | | | | |
| /s/ Andrew G. Skehan | 11/22/2004 | | | | | | | |
| **Signature of Reporting Person | 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).

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.