FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
| | | |

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|-------------------|---------------|------------------|

| l | OMB APPRO | OVAL | | | | |
|---|------------------------|-----------|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | |
| l | Estimated average burd | en | | | | |
| | hours per response: | 0.5 | | | | |

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

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* MEEKER THOMAS H | | | | | | 2. Issuer Name and Ticker or Trading Symbol CHURCHILL DOWNS INC [CHDN] | | | | | | | | | ationship k all appli Directo | cable) | g Per | son(s) to Iss 10% Ow | |
|---|---|--|-------------------------------|---------|------------------------------|--|--|----------|--|-------|--|--|--------------------------------|------------------|--|---|--------------------------------------|--|--|
| (Last) 700 CEN | (F VTRAL AV | • | (Middle) | | | Date of /13/20 | | est Tran | saction (Month/Day/Year) | | | | | X | | (give title | | | |
| (Street) | ILLE K | Y | 40208 | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) | , | | | | |
| (City) | (5 | State) | (Zip) | | | | | | | | | | | | Persor | | ie iliai | п Опе Кероі | ung |
| | | Tab | le I - No | on-Deri | vative | Sec | urit | ies Ac | quired | l, Di | sposed o | of, or Be | enefic | cially | Owned | ŀ | | | |
| Date | | | 2. Transa Date (Month/D | | Exe y/Year) if a | | 2A. Deemed Execution Date, f any (Month/Day/Year) | | | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | | and 5) Secu Bene Own | | ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | • | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock, no par value 03/13/2 | | | | | /2006 | 006 | | | M | | 5,000 | A | \$1 | 17.5 | 50 | 50,884 | | D | |
| Common | Stock, no | par value | | 03/13/ | /2006 | | | | S ⁽¹⁾ | | 5,000 | D | \$39 | .7105 | 05 45,884 D | | | | |
| Common | Stock, no | par value | | | | | | | | | | | | | 26,908 I b | | | | oy wife |
| | | 7 | able II | | | | | | | | oosed of converti | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution (ear) if any | | 4. Transa Code (8) | | ion of | | 6. Date Exercis Expiration Dat (Month/Day/Ye | | te | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | D Se (li | . Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | ıble | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |
| Employee Stock Option (right to | \$17.5 | 03/13/2006 | | | M | | | 5,000 | 12/18/19 | 999 | 12/17/2006 | Common Stock | 5,0 | 00 | \$0 | 1,941 | | D | |

Explanation of Responses:

1. This transaction occurred pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on September 20, 2005.

Remarks:

/s/Thomas H. Meeker

03/14/2006

** 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 Number.