Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

W	/as	hing	gton,	D.C.	2054	9	

STATEMENT	OF	CHANGE	S IN	BENEF	ICIAL	OWNE	RSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	burden								
hours per response	: 0.5								

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* <u>GRISSOM DOUGLAS C</u>					2. Issuer Name and Ticker or Trading Symbol Churchill Downs Inc [CHDN]							(Cł	Relationship neck all app X Direc	licable)	ng Per	rson(s) to Is 10% Ov			
(Last)	(Fi	rst) (I	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/31/2023								Office below	er (give title v)		Other (s below)	specify		
600 N. HURSTBOURNE PARKWAY, SUITE 400					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)														X Form filed by One Reporting Person					
LOUISVILLE KY 40222														Form filed by More than One Reporting Person					
(City) (State) (Zip)					Rul	Rule 10b5-1(c) Transaction Indication													
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or l	Bene	eficia	ally Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,				es Acquired (A) or Of (D) (Instr. 3, 4 a			Benefic Owned	es For ially (D) Following (I) (n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A (D	() or ()	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common	Stock ⁽¹⁾			12/31/2	2023		A		239.94(2	2) A \$0		0 24,179.24 ⁽³⁾			D				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, Tr. curity or Exercise (Month/Day/Year) if any Co		4. Transa Code (8)		5. Number of 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 Securities Underlying Derivative Security (Insti 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersi Form: Direct (I or Indire (I) (Instr.	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code			Date Exercis	able	Expiration le Date Ti		or Nun of							

Explanation of Responses:

- 1. Phantom share units awarded in connection with the election to defer compensation. Each phantom share unit is the economic equivalent of one share of common stock. The shares of common stock are transferred upon the reporting person's completion of service as a director.
- 2. The closing price of CHDN common stock on December 29, 2023, was used to determine the number of phantom shares awarded.
- 3. The holding is comprised of restricted stock units granted for service as a director, phantom share units granted in connection with deferred compensation elections and dividends awarded for each unit.

Remarks:

Paula Chumbley, Attorney-in-Fact for Douglas C. Grissom

01/03/2024

** 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.