FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |

0.5

hours per response:

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* Miller Austin W. (Last) (First) (Middle) 600 N. HURSTBOURNE PARKWAY | | | | | | | Issuer Name and Ticker or Trading Symbol CHURCHILL DOWNS Inc [CHDN] 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2018 | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Section 16 | | | | | |
|---|---|--|--|---------|---|-----------|--|----------|---|----------|--|--|--|---------------------------|--|--|----|--|--|--|--|
| STE 400 (Street) LOUISVILLE KY 40222 (City) (State) (Zip) | | | | | | | 4. If Amendment, Date of Original Filed (Month/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 Person | | | | | | |
| | | Tab | le I - No | n-Deri | vative | Sec | uriti | ies Ac | quired | , Dis | posed o | of, or Be | neficia | lly C | Owned | t | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution | | on Date, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | 4 and 5) Sec Ber Ow | | 5. Amount of Securities Beneficially Owned Following Reported | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Tropos | | tion(s) | | | (Instr. 4) | | |
| Common Stock 12/31 | | | | | L/2018 | 2018 | | M | | 2,844 | A | \$243 | .94 | 15,690 | | | D | | | | |
| Common Stock 12/31/2 | | | | L/2018 | 2018 | | F | | 1,037 | 37 D \$2 | | .94 | 94 14,653 | | | D | | | | | |
| | | T | able II - | | | | | | | | | , or Ben ble secu | | y Ov | vned | | | | | | |
| Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | n Date, | 4. Transaction Code (Instr. 8) | | n of | | 6. Date E Expiratio (Month/D | n Date | • | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | Deri Sec | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | c | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | | | | | | | |
| Restricted Stock | (1) | 12/31/2018 | | | М | | | 2,844 | (2) | | (1) | Common | 2,844 | \$2 | 43.94 | 4,371 | | D | | | |

Explanation of Responses:

- 1. Restricted stock units do not have a conversion price or expiration date.
- 2. Restricted stock vests over a multi-year period.

Paula Chumbley, Attorney-In-Fact for Austin W. Miller 01/0

01/03/2019

** Signature of Reporting Person Da

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.