FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB A | PPROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per respor | nse: 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

| Evans (Last) | nd Address of Robert L (F | | <u>C</u> | 2. Issuer Name and Ticker or Trading Symbol CHURCHILL DOWNS INC [CHDN] 3. Date of Earliest Transaction (Month/Day/Year) 07/18/2006 | | | | | | | | | | ck all applica Director | able) give title | , | | 10% Owner Other (specify below) | | | |
|---|---|--|--|---|---|----|--|-----|---|---------|----------|-----------|---|----------------------------|--------------------------|---|---|---------------------------------------|--|---|--|
| (Street) LOUISV (City) | TLLE K | Y state) | 40208 (Zip) ble I - Non | -Deriv | - | | endment, [| | | | | | , | enet | Line) | Form fil Form fil Person | int/Group Filing (Check Applicable ed by One Reporting Person ed by More than One Reporting | | | | |
| 1. Title of | Title of Security (Instr. 3) 2. Trans Date (Month/ | | | | sactio | on | 2A. Deemed Execution Date if any (Month/Day/Yea | | 3. Tra | ansact | 4. Secu | | ities Acq | uired (| | 5. Amour Securities Beneficia Owned Fe | s lly ollowing | Form (D) o | : Direct I Indirect I str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Co | ode \ | , | Amount | (A |) or | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common | Stock | | | 07/1 | 18/20 | 06 | | | | A | | 155,0 | 00 | A | \$0 | 155 | ,000 | | D | | |
| | | | Table II - [| | | | urities Is, warr | | | | | | | | | Owned | | | | • | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/Y | te, T | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercis Expiration Date (Month/Day/Ye | | ate | | 7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4) | | curity | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | c | Code | v | (A) | (D) | Date Exerc | cisable | Ex Da | opiration | Title | or Nu | nount ımber Shares | | Transacti (Instr. 4) | on(s) | | | |
| Restricted Stock Units | (1) | 07/18/2006 | | | A | | 65,000 | | (2 | (2) | | (2) | Commo | n 6 | 5,000 | \$0 | 65,00 | 0 | D | | |
| Employee Stock Option (right to | \$36.16 | 07/18/2006 | | | A | | 130,000 | | (3 | (3) | 08 | 3/14/2012 | Commo Stock | n 13 | 30,000 | \$0 | 130,00 | 00 | D | | |

Explanation of Responses:

- $1. \ Each \ restricted \ stock \ unit \ represents \ a \ contractual \ right \ to \ receive \ one \ share \ of \ CHDN \ common \ stock.$
- 2. The restricted stock units vest quarterly over five (5) years beginning September 30, 2006. Vested shares will be delivered to the reporting person six (6) months after termination of employment with CHDN.
- 3. The option vests quarterly over three (3) years beginning on September 30, 2006.

Remarks:

/s/ Robert L. Evans

07/20/2006

** 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.