FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washing

| t D O 00E40 | |
|-----------------|--------------|
| ton, D.C. 20549 | OMB APPROVAL |
| | |

| OMB Number: | 3235-0287 |
|------------------------|-----------|
| 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* Gokhale Aditi | | | | | | 2. Issuer Name and Ticker or Trading Symbol CHURCHILL DOWNS INC [CHDN] | | | | | | | | | elationship ceck all applic | able) r | Perso | 10% Ow | ner | |
|---|--|--|---|---------|---|--|--|------|--|-----|------------------|--|---------------------------|----------|--|---|-------|--|---|--|
| (Last) (First) (Middle) 600 N. HURSTBOURNE PKWY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2015 | | | | | | | | | | Officer below) | (give title | | Other (s below) | pecify | |
| SUITE 400 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) LOUISVILLE KY 40222 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (| State) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | ole I - Non | -Deriv | ative | e Se | curities | s Ac | quired, D | isp | osed o | f, or E | Bene | eficiall | y Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquir Disposed Of (D) (Instr. 5) | | | | | | 5. Amour Securitie Beneficia Owned F | s ally ollowing | Form: | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | , | Amount | Amount (A) or (D) | | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, T | Transa Code (I | | 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 of Secu Underly Derivat (Instr. 3 | irities ying ive Se | ecurity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | O N O | lumber | | | | | | |
| Phantom Stock | (1) | 07/01/2015 | | | A | | 114.67 | | (1) | | (2) | Commo | | 14.67 | \$126.45 | 240.823 | | D | | |

Explanation of Responses:

- 1. Each share of phantom stock is the economic equivalent of one share of common stock. The shares of phantom stock become payable upon the reporting person's termination of service as a director.
- 2. Will expire in three years (see expiration date)

/s/ Aditi J. Gokhale

** Signature of Reporting Person

07/02/2015

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.