FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | | |
| Estimated average b | ourden | | | | | | | | | |

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* Rankin R Alex | | | | | 2. Issuer Name and Ticker or Trading Symbol CHURCHILL DOWNS INC CHDN | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| <u>ıvanıvın</u> | т ліех | | | | | | | | | | | - | | | X Direct | | | 10% Ov | vner | |
| (Last) (First) (Middle) 600 N. HURSTBOURNE PKWY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/21/2012 | | | | | | | | | Office below | r (give title) | | Other (s below) | specify | | |
| | | DRIVE FRW I | | | | | | | | | | | | | | | | | | |
| SUITE 400 | | | | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | | | | | | | | | | Line | , | filed by One | . Ren | orting Perso | n | |
| LOUISV | TLLE K | Y | 40222 | | | | | | | | | | | | | • | | n One Repo | | |
| | | | | | | | | | | | | | | | Perso | | C trica | Tone Repo | iding | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | n-Deriv | ative | Sec | curities | s Ac | quired, | Dis | posed o | of, or I | Bene | ficial | ly Owne | d | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Yea | | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | Benefic Owned | es ially Following | Form (D) o | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount (A | |) or) | Price | Reporte Transac (Instr. 3 | ction(s) | | | (Instr. 4) | | |
| | | 7 | able II - | | | | | | uired, D , option | | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transa Code (8) | | | | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | | Amount of | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Co | Code | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | or Nu of | ımber | | | | | | |
| Restricted Stock | (1) | 12/21/2012 | | | A ⁽²⁾ | | 20.31 | | (1) | | (1) | Commo | | 0.31 | \$64.09 | 1,828.00 |)9 | D | | |

Explanation of Responses:

- 1. Generally this stock does not have a conversion price, exercisable date or an expiration date.
- 2. Dividend Payment (for deferred compensation) in the form of restricted units entitling the recipient to the future issuance of an equivalent number of shares of Common Stock.

/s/ R. Alex Rankin 01/24/2013

** 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.