FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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**OMB APPROVAL** 

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(c). S	ee Instruction	10.																	
Name and Address of Reporting Person*     Bridgeman Ulysses L Jr				2. Issuer Name and Ticker or Trading Symbol Churchill Downs Inc [ CHDN ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Bridgeman Olysses L Jr				Same Downs in Company								Director			10% Ov	vner			
(Last) (First) (Middle) 600 N. HURSTBOURNE PKWY			3. Date of Earliest Transaction (Month/Day/Year) 09/30/2024						1	Office below	er (give title		Other (s below)	specify					
SUITE 400					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)																filed by On	o Pon	ortina Dorce	, l
LOUISV	TILLE K	Y 4	10222													filed by Mo		•	
(City)	(5	State) (3	Zip)												1 6130	<i>,</i> 11			
		Table	l - 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. Transac Date (Month/Da					Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired Disposed Of (D) (Instr. 5)				Benefic	ties For cially (D) I Following (I) (		orm: Direct ) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	nt (A) or (D)		Price	Transa	nsaction(s) tr. 3 and 4)			(111501. 4)	
Common Stock <sup>(1)</sup> 09/30/2					2024		A		85.98(2)	) A		\$ <mark>0</mark>	51,518.04 <sup>(3)</sup>			D			
		Та									osed of, convertib					d			
1. Title of Derivative Conversion or Exercise Price of Derivative Security  1. Title of Conversion Date Execution Date (Month/Day/Year) if any (Month/Day/Year)			ion Date,	4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		'	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	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 September 30, 2024, 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-10/02/2024 Fact for Ulysses L. Bridgeman

\*\* 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.