FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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. Name and Address of Reporting Person* | | | | 2. Issuer Name and Ticker or Trading Symbol CHURCHILL DOWNS INC [CHDN] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
|--|---|--|--|---|--|--|------|--|--------|---|---|---|---|---|------------------------------|--|--|--|
| WELLS DARRELL R | | | - | | | | | | | | X | Director | | | 10% Owi | ner | | |
| (Last) | (F | irst) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | 1 | Officer (give title below) | | | Other (sp below) | ecify | | |
| SECURITY MANAGEMENT COMPANY | | | ١٠ | 04/23/2013 | | | | | | | | | | | | | | |
| 4350 BROWNSBORO ROAD | | - | | | | | | | | | | | | | | | | |
| | | | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) | | | | | | | | | | | | | X | Form file | ed by One | Repor | ting Person | |
| LOUISV | TLLE K | Y | 40207 | | | | | | | " | Form filed by More than One Reporting Person | | | | | | | |
| (City) | (S | itate) | (Zip) | | | | | | | | | | | | | | | |
| | | Ta | able I - Non- | Derivat | ive S | ecurities | Acc | quired, | Dis | posed o | f, or B | enef | cially | Owned | | | | |
| Date | | | 2. Transact Date (Month/Day | Execution Date, | | Transaction Disposed Of (D) Code (Instr. | | es Acquired (A) or Of (D) (Instr. 3, 4 and 5) | | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | Code | v | Amount | (A) (D) | or | Price | rice Reported Transacti (Instr. 3 a | | | | nstr. 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 Date if any (Month/Day/Yea | Code | | 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 and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4) | | curity | Derivative Security | | er of e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nu | nount imber Shares | | Transaction(s) (Instr. 4) | | | |
| Restricted Stock | (1) | 04/23/2013 | | A | | 346.308 ⁽²⁾ | | (1) | | (1) | Commo | | 16.308 | \$72.19 | 2,154.0 | 007 | D | |

Explanation of Responses:

- $1. \ Generally \ this \ stock \ does \ not \ have \ a \ conversion \ price, \ exercisable \ date \ or \ an \ expiration \ date.$
- 2. 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/ Darrell R. Wells 04/30/2013

** 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.