Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
vvasnington,	D.C.	20549	

Check this box if no longer subject	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
to Section 16. Form 4 or Form 5		
obligations may continue. See		

OMB APPROVAL										
OMB Number: 3235-028										
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hours per respons	se: 0.5									

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* Bridgeman Ulysses L Jr					2. Issuer Name and Ticker or Trading Symbol Churchill Downs Inc [CHDN]								(Ch	eck all app X Direct	ationship of Reporting all applicable) Director Officer (give title		10% Ov	wner	
(Last)	(Fi	rst) (I	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/31/2023								Office			Other (s below)	specify	
600 N. HURSTBOURNE PKWY SUITE 400			4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	Individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person				.					
(Street)	TLLE K	Y 4	0222												Form Perso	filed by Mo on	re than	One Repo	orting
(City)	(S		Zip)	<u> </u>	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - Nor			_			1	Disp	oosed of	-			lly Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/D:				Execu ay/Year) if any		Deemed cution Date, y nth/Day/Year)		3. 4. Securiti Disposed Code (Instr. 8)		es Acquired (A) Of (D) (Instr. 3, 4		(A) or 3, 4 an	Benefic	ties For icially (D) d Following (I)		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) (D)	or	Price	Transa	action(s) 3 and 4)			(iiisti. 4)	
Common Stock ⁽¹⁾ 03/31/.				2023			A		60.3(2)	3 ⁽²⁾ A		\$0	24,157.27(3)		D				
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)	ate Execution Date, Transactio			of Deriv	r osed) r. 3, 4	Expirati	Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	Code V (A) (D)		(D)	Date Exercisa	able	Expiration Date			nber					

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 March 31, 2023, 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-04/04/2023 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.