FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 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 a		2. Issuer Name and Ticker or Trading Symbol CHURCHILL DOWNS INC [CHDN]								(Check all ap		onship of Reporting Pe Il applicable) Director Officer (give title below) Chairman an		10% Ov	vner				
(Last) (First) (Middle) 600 N. HURSTBOURNE PKWY SUITE 400						3. Date of Earliest Transaction (Month/Day/Year) 06/12/2014								X	below)	Other (s below)	specify		
(Street) LOUISVILLE KY 40222 (City) (State) (Zip)					4. li	4. If Amendment, Date of Original Filed (Month/Day/Year)								i. Indiv ine) X	Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - I	Non-Deri	vative	Sec	urit	ies A	cquire	ed, D	isposed o	of, or B	enefici	ally (Owned	<u> </u>			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y					tion	2A. Deemed Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or				5. Amou Securiti Benefic Owned	es Form ially (D) (Following (I) (I		n: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common Stock 06/12/201						.4			М		3,400	Α	\$35.	.19		35,284		D	
Common Stock 06/12/201						14			S ⁽¹⁾		3,400	D	\$88.28	.2825(2) 1		1,884		D	
		7	Table								sposed of, , converti				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed iion Date, i/Day/Year)	4. Transa Code (8)				6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ow For Dire or I (I) (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amour or Number of Shares	er					
Employee Stock Option (right to buy)	\$35.19	06/12/2014			M			3,400	(3	(i)	11/14/2016	Common Stock	3,400	0 \$8	38.2825	114,928	В	D	
Restricted	(4)								(5	0	(5)	Common	65.00	<u> </u>		65,000		D	

Explanation of Responses:

- 1. The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on 3/28/2014.
- 2. This transaction was effected in multiple trades ranging from \$88.20- \$88.545. The price above reflects the weighted average sale price. The reporting person hereby undertakes to provide request to SEC Staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.
- 3. The option vests quarterly over three (3) years beginning on September 30, 2010.
- 4. Each restricted stock unit represents a contractual right to receive one share of CHDN common stock.
- 5. The restricted stock units vest quarterly over five (5) years beginning September 30, 2006. Vested shares will be delivered to the reporting person six (6) months after termination of employment with CHDN.

/s/ Robert L. Evans

06/16/2014

** 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.