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 |
| notruction 1/h) |

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 and Address of Reporting Person* MCDONALD JAMES F | | | | | 2. Issuer Name and Ticker or Trading Symbol CHURCHILL DOWNS INC [CHDN] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|--|--|--|-------|--|---|-------|--------------|--|---|------------------|---|---------------------------------------|---|--|---|-------------------------------------|--|---------------------------------------|
| MCDU | <u>INALD J.</u> | AMES F | | | 1 | | | | 0 11110 | | <u> </u> | | | X | Directo | or | | 10% O | wner |
| (Last) 600 N. H | • | irst) JRNE PKWY | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/21/2012 | | | | | | | | | Officer below) | (give title | | Other (below) | specify |
| SUITE 4 | 00 | | | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | TLLE K | Y | 40222 | | | | | | | | | | | X | | • | | orting Person | |
| (City) | (S | tate) | (Zip) | | | Person | | | | | | | | | · | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | ar) E | 2A. Deemed Execution Date if any (Month/Day/Yea | | Code (Instr. | | | | red (A) o str. 3, 4 a | nd | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | e | Transac (Instr. 3 | tion(s) | | | (111511.4) |
| | 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 | Date, | Code (Inst | | | | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4) | | De Se (In | s. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | epiration ate | Title | Amour or Number of Shares | r | | | | | |
| Restricted Stock | (1) | 12/21/2012 | | | A ⁽²⁾ | | 20.31 | | (1) | | (1) | Common Stock | 20.31 | | 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.

Bridgett Gatewood, attorney of 01/24/2013 fact for James F. McDonald

** 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.