ISLE OF CAPRI CASINOS INC

Form 4

October 21, 2016

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

Expires:

5 Relationship of Reporting Person(s) to

3235-0287 Number:

OMB APPROVAL

January 31, 2005

0.5

Estimated average burden hours per

response...

Check this box if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

1. Name and Address of Reporting Person *

10/19/2016

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

2 Januar Nama and Tielzer or Tradina

1(b).

Common

Stock

(Print or Type Responses)

Biumi Bonnie			Symbol ISLE OF CAPRI CASINOS INC [ISLE]				Issuer (Check all applicable)			
	·	(Month/D	ay/Year)	ansaction			X Director 10% Owner Officer (give title Other (specify below)			
(Street)			· · · · · · · · · · · · · · · · · · ·	U	1		Applicable Line) _X_ Form filed by O	ne Reporting Per	rson	
(State)	(Zip)	Tabl	e I - Non-D	erivative	Securit	ies Acq	uired, Disposed of	, or Beneficiall	y Owned	
	Execution any	n Date, if	Code (Instr. 8)	n(A) or Di	sposed (4 and 5) (A) or	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
	(First) (SON ROAD, SU (Street) , MO 63141 (State) 2. Transaction Date	(First) (Middle) SON ROAD, SUITE 300 (Street) , MO 63141 (State) (Zip) 2. Transaction Date (Month/Day/Year) Execution any	Symbol ISLE O [ISLE] (First) (Middle) 3. Date of (Month/E) SON ROAD, SUITE 300 10/19/2 (Street) 4. If Ame Filed(Month, MO 63141 (State) (Zip) Table 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if	Symbol ISLE OF CAPRI [ISLE] (First) (Middle) 3. Date of Earliest Tr (Month/Day/Year) SON ROAD, SUITE 300 10/19/2016 (Street) 4. If Amendment, Da Filed(Month/Day/Year) MO 63141 (State) (Zip) Table I - Non-D 2. Transaction Date 2A. Deemed 3. (Month/Day/Year) Execution Date, if Transactio any Code (Month/Day/Year) (Instr. 8)	Symbol ISLE OF CAPRI CASING [ISLE] (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) SON ROAD, SUITE 300 10/19/2016 (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) MO 63141 (State) (Zip) Table I - Non-Derivative 2. Transaction Date 2A. Deemed 3. 4. Security (Month/Day/Year) Execution Date, if Transaction(A) or Diany Code (Instr. 3, 4) (Month/Day/Year) (Instr. 8)	Symbol ISLE OF CAPRI CASINOS IN [ISLE] (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) SON ROAD, SUITE 300 10/19/2016 (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) MO 63141 (State) (Zip) Table I - Non-Derivative Securit 2. Transaction Date 2A. Deemed 3. 4. Securities Acq (Month/Day/Year) Execution Date, if Transactior(A) or Disposed any Code (Instr. 3, 4 and 5) (Month/Day/Year) (Instr. 8)	Symbol ISLE OF CAPRI CASINOS INC [ISLE] (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) SON ROAD, SUITE 300 10/19/2016 (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) MO 63141 (State) (Zip) Table I - Non-Derivative Securities Acquired (Month/Day/Year) 3. 4. Securities Acquired (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Month/Day/Year) (Instr. 8)	Issuer Symbol Issuer Is	Issuer Symbol Issuer Is	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

A

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

33,681

21.595

D

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

4,038

(1)

Edgar Filing: ISLE OF CAPRI CASINOS INC - Form 4

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/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D)		ate	7. Title a Amount of Underlying Securities (Instr. 3 a	of ng s	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	or Title Nu of	umber		

Reporting Owners

Reporting Owner Name / Address	Relationships					
1 8	Director	10% Owner	Officer Other			
Biumi Bonnie 600 EMERSON ROAD SUITE 300 ST. LOUIS, MO 63141	X					

Signatures

/s/ Edmund L. Quatmann, Jr., attorney-in-fact for Bonnie
Biumi 10/21/2016

**Signature of Reporting Person

Explanation of Responses:

- * 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).
- (1) Fifty percent of shares granted vested (2,019) on date of issuance and the remainder will vest on the one-year anniversary of the grant date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Date

Reporting Owners 2