## Edgar Filing: ISLE OF CAPRI CASINOS INC - Form 4/A

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ISLE OF CA Form 4/A June 15, 201	APRI CASINOS	INC									
<b>FORN</b> Check th if no long subject to Section 1 Form 4 c Form 5 obligatio may com <i>See</i> Instr 1(b).	is box ger 16. or Filed pu ns tinue. Section 17	MENT O	Wa F CHAN Section 1 Public U	shington NGES IN SECUI .6(a) of th	, D.C. 20 BENEF RITIES ne Securit ding Con	549 ICIA ies E ipany	L OWN xchange / Act of 1	OMMISSION ERSHIP OF Act of 1934, 1935 or Section	OMB Number: Expires: Estimated a burden hour response		
(Print or Type I	Responses)										
GLAZER ALAN Symbol ISLE G			Symbol ISLE O [ISLE]	ol C OF CAPRI CASINOS INC E]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 600 EMERS	(First) (SON ROAD, SU	(Middle) ITE 300		f Earliest T Day/Year) 2015	ransaction		-	_X Director Officer (give ti pelow)		Owner r (specify	
Filed(M				endment, D nth/Day/Yea 2015	-	l	A	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
	UIS, MO 05141						I	Person			
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secur	ities Acqui	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	n Date, if	3. Transactic Code (Instr. 8) Code V	4. Securit pror Dispos (Instr. 3, 4 Amount	ed 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)	
Common Stock	06/11/2015			S	50,000	D	φ 20.276 (1)	155,378	D		

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationsh			
	Director	10% Owner	Officer	Other	
GLAZER ALAN 600 EMERSON ROAD SUITE 300 SAINT LOUIS, MO 63141	Х				
Signatures					
/s/ Edmund L. Quatmann, Jr., a Glazer	06/15/2015				

\*\*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) The price reported above reflects the weighted average sale price.

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