### Edgar Filing: Sienko Raymond W - Form 4

Sienko Raymond	l W									
Form 4 November 21, 20	008									
FORM 4									PPROVAL	
	UNITED	STATES		RITIES A			COMMISSIO	N OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	STATEM Filed pur Section 17(	rsuant to S (a) of the I	Section T Public U	NGES IN SECUE 16(a) of th Jtility Hol- nvestment	Estimated burden hou response	Estimated average burden hours per response 0.5				
(Print or Type Respo	onses)									
1. Name and Addre Sienko Raymon	2. Issuer Name <b>and</b> Ticker or Trading Symbol CENTURY CASINOS INC /CO/ [CNTY]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last) 2860 S CIRCLE	3. Date of Earliest Transaction (Month/Day/Year) 11/20/2008			Director 10% Owner X_ Officer (give title Other (specify below) below) Chief Accounting Officer						
COLORADO S	4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_Form filed by One Reporting Person</li> <li>_Form filed by More than One Reporting</li> </ul>						
	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	Person .cquired, Disposed	of, or Beneficia	lly Owned	
	ransaction Date nth/Day/Year)	2A. Deemo Execution any (Month/Da	ed Date, if	3. Transactio Code (Instr. 8) Code V	4. Securiti nAcquired Disposed (Instr. 3, 4	ies (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	
Reminder: Report of	n a separate line	e for each cl	ass of sec	urities benef	ficially own	ned directly of	or indirectly.			
inform requir displa						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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	nof Derivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

#### Edgar Filing: Sienko Raymond W - Form 4

(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8		Acquired (A) or Disposed (D) (Instr. 3, and 5)	d of				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Common Stock Options	\$9							(1)	07/02/2017	Common Stock	10,000
Common Stock Options	\$ 2.93							(2)	03/04/2009	Common Stock	5,000
Common Stock Options	\$ 1.75							(2)	04/06/2011	Common Stock	10,000
Common Stock Options	\$ 0.93	11/20/2008		A <u>(3)</u>		4,623		04/30/2009	11/19/2018	Common Stock	4,623

## **Reporting Owners**

Reporting Owner Name / Address			Relationships	
	Director	10% Owner	Officer	Other
Sienko Raymond W 2860 S CIRCLE DRIVE SUITE 350 COLORADO SPRINGS, CO 80906			Chief Accounting Officer	
Cignotures				

# Signatures

Raymond W. 11/21/2008 Sienko

<u>\*\*</u>Signature of Reporting Person Date

# **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) Options granted July 3, 2007. Options vest 10% at one year from grant date, an additional 20% at two years from grant date, an additional 30% at three years from grant date and an additional 40% at four years from grant date.
- (2) Options fully vested and exercisable.
- (3) Options issued in connection with deferred compensation plan.

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.