ISLE OF CAPRI CASINOS INC

Form 4

December 22, 2004

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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Check this box if no longer subject to

Section 16. Form 4 or Form 5

obligations may continue.

See Instruction

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

1(b).

(Print or Type Responses)

		ddress of Reporting 1 N BERNARD	_	2. Issuer Symbol	r Name and	1 Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer				
				ISLE O [ISLE]	F CAPRI	CASINOS INC	(Check all applicable)				
(Last) (First) (Middle)					f Earliest Ti Day/Year)	ransaction	_X_ Director 10% OwnerX_ Officer (give title Other (specify				
	1641 POPPS	S FERRY ROAD		12/21/2	004		below) below) CHAIRMAN OF THE BOARD				
(Street)				4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
				Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person							
	BILOXI, M	S 39532					Form filed by More than One Reporting Person				
	(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							
	1.Title of	2. Transaction Date	2A. Deeme	ed	3.	4. Securities Acquired	5. Amount of	6.	7. Nature of		
	Security	(Month/Day/Year)	Execution	n Date, if Transacti		on(A) or Disposed of (D)	Securities	Ownership	Indirect		
	(Instr. 3)		any		Code	(Instr. 3, 4 and 5)	Beneficially	Form: Direct	Beneficial		
			(Month/Da	av/Vear)	(Instr 8)		Owned	(D) or	Ownership		

1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)			4. Securities Acquired n(A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	12/21/2004		<u>J(1)</u>	V	314,702	D	\$0	24,476	D		
Common Stock								62,494	I	Alter Company	
Common Stock	12/21/2004		J <u>(1)</u>	V	314,702	A	\$0	314,702	I	By trust	

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

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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.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if Tran		orNumber	Expiration Date		Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired	d					Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date			or Number		
						Exercisable			of		
				Code V	(A) (D)				Shares		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

GOLDSTEIN BERNARD

1641 POPPS FERRY ROAD X CHAIRMAN OF THE BOARD

BILOXI, MS 39532

Signatures

Bernard 12/22/2004 Goldstein

**Signature of Date 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) Transfer of shares of the issuer to a trust of which Mr. Goldstein is the beneficiary and his spouse is the trustee.

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.

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