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

ISLE OF CA Form 4 May 26, 200	APRI CASINOS 1	INC									
FORM	14									PPROVAL	
	UNITED	STATES	S SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						N OMB Number:	3235-028	
Check th if no long subject to Section 1 Form 4 c Form 5 obligatio	suant to S	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Sectior						Estimated burden hou response	Estimated average burden hours per response 0.5		
may con <i>See</i> Instr 1(b).	unue.			nvestment	-		<b>.</b> .				
(Print or Type ]	Responses)										
1. Name and Address of Reporting Person <u></u> GOLDSTEIN JEFFREY D			2. Issuer Name <b>and</b> Ticker or Trading Symbol ISLE OF CAPRI CASINOS INC					5. Relationship of Reporting Person(s) to Issuer			
		[ISLE]					(Check all applicable)				
(Last) (First) (Middle) 2117 STATE STREET, SUITE 300			3. Date of Earliest Transaction (Month/Day/Year) 05/05/2005			X_ Director 10% Owner Officer (give title Other (specify below) below)					
				4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
BETTEND	ORF, IA 52722							Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-l	Deriva	ative S	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8)	ransactionAcquired (A) or ode Disposed of (D)		A) or f (D) and 5) (A)	Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
		<b>C 1 1</b>	c	Code V			(D) Price				
Keminder: Rep	oort on a separate line	e tor each cla	ass of sec	urities bene:	P in re di	erson nforma equire	as who res ation con d to resp vs a curre	or indirectly. spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

 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	Transactic	onof Derivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security	(Month/Day/Year	) (Instr	r. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)						(	
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options (Right to buy)	\$ 24.54	05/05/2005	А	V	5,000		05/05/2006	05/05/2015	Common Stock	5,000	

## **Reporting Owners**

Reporting Owner Name / Addr	Relationships							
	Director	10% Owner	Officer	Other				
GOLDSTEIN JEFFREY D 2117 STATE STREET SUITE 300 BETTENDORF, IA 52722	Х							
Signatures								
Jeffrey Goldstein	05/26/2005							
<u>**</u> 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).

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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