Edgar Filing: BOYD GAMING CORP - Form 4

BOYD GAN	/ING CORP											
Form 4												
March 03, 20	015											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMM								OMB APPROVAL				
	UNITEL	ITED STATES SECURITIES AND EXCHANGE COMMISS Washington, D.C. 20549							OMB Number:	3235-0287		
Check th				0,					Expires:	January 31,		
if no long	- NIATH	MENT O	F CHAN	IGES IN	BENEFI	CIA	LOWN	ERSHIP OF		2005		
subject to Statistical of Charles in Determination of the Section 16. SECURITIES								Estimated a burden hour	0			
Form 4 o									response	0.5		
Form 5	Filed pu	ursuant to	Section 1	6(a) of th	e Securiti	es Ez	xchange	e Act of 1934,				
obligatio	ns Section 17						-	1935 or Section	1			
may cont See Instr	linue.			vestment	-							
1(b).	action											
(Print or Type I	Responses)											
1		D *						5 0 1 4 1 6	D (* D			
TT' 1 T 1				2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
Hirsberg Josh			Symbol									
			BOAD	GAMINO	J CORP [BAL	<u>ן</u>	(Check	c all applicable)		
(Last)	(First)	(Middle)	3. Date of	f Earliest Tı	ransaction							
			(Month/I	th/Day/Year)				Director 10% Owner				
	ARD HUGHES		02/27/2	//2015				XOfficer (give title Other (specify below) below)				
PARKWAY	, NINTH FLO	OR						· · · · · · · · · · · · · · · · · · ·	Treasurer & C	FO		
			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check Applicable Line)				
				Filed(Month/Day/Year)								
			1 mea(mo	nui/Duj/Tou	.)			_X_ Form filed by O	ne Reporting Per	rson		
LAS VEGA	S, NV 89169							Form filed by M	ore than One Reg	porting		
								Person				
(City)	(State)	(Zip)	Tab	le I - Non-E	Derivative S	Securi	ities Acq	uired, Disposed of,	, or Beneficiall	y Owned		
1.Title of	2. Transaction Da	te 2A. Deer	ned	3.	4. Securiti			5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year		n Date, if	Transaction(A) or Disposed of (D)				Securities	Form: Direct Benef	Indirect		
(Instr. 3)		any (Month/I	Dav/Vaam)	Code (Instr. 3, 4 and 5) $(Instr. 3, 4 and 5)$			Beneficially					
		(Month/I	Day/Year)	(Instr. 8)				Owned Following	(D) or Indirect (I)	Ownership (Instr. 4)		
								Reported	(Instr. 4)	(insu: i)		
						(A) or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common					23,810		\$		_			
Stock	02/27/2015			А	<u>(1)</u>	Α	13.81	139,743	D			
					_							
Common								20,500	Ι	By Spouse		
Stock										• •		

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.

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

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

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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amor Unde Secur	le and unt of rlying tities (. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Hirsberg Josh 3883 HOWARD HUGHES PARKWAY NINTH FLOOR LAS VEGAS, NV 89169			Sr. V.P., Treasurer & CFO				
Signatures							
Brian A. Larson, Attorney-in-Fact for Josh Hirsberg		03/03/2015					
<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) Represents shares underlying Performance Share Units that vested on February 27, 2015.

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.