EMPIRE RESORTS INC

Form 4/A June 17, 2014

Common Stock,

\$.01 par

value per share

05/30/2014

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Washington, D.C. 20549 Number: Expires: January 3 20 Estimated average burden hours per response 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					
1. Name and Address SIMON JAMES (Last) (F	of Reporting Person * First) (Middle) LO CASINO AND	2. Issuer Name and Symbol EMPIRE RESOR 3. Date of Earliest Tra (Month/Day/Year) 05/30/2014	TS INC [NYNY]	5. Relationship of R Issuer (Check _X_ Director Officer (give title)	all applicable)	Owner (specify
MONTICELLO, I		4. If Amendment, Date Original Filed(Month/Day/Year) 06/03/2014 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
1.Title of 2. Tran	isaction Date 2A. Deem h/Day/Year) Execution any (Month/D	ned 3. n Date, if Transaction Code hay/Year) (Instr. 8)	4. Securities Acquired (or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price	A) 5. Amount of 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)
\$.01 par 05/30, value per share	/2014	M(1)(2)	25,000 A \$ 3.69	9 78,420	D	

 $D_{\underline{(2)}}$ 14,557 D $\begin{array}{c} \$ \\ 6.3373 \end{array}$ 63,863

D

Edgar Filing: EMPIRE RESORTS INC - Form 4/A

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.

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 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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date Underlying (Month/Day/Year) (Instr. 3 and		Securities	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amoun or Numbe of Shar
Employee Stock Option (right to buy)	\$ 3.69	05/30/2014		M(1)(2)	25,000	(3)	06/06/2014	Common Stock, \$.01 par value per share	25,00

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

SIMON JAMES C/O MONTICELLO CASINO AND RACEWAY ROUTE 17B, P.O. BOX 5013 MONTICELLO, NY 12701



Signatures

/s/ Nanette L. Horner, By, Nanette L. Horner, by Power of Attorney 06/17/2014

**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) Restricted stock grant under the 2005 Empire Resorts, Inc. Equity Incentive Plan (the "Plan").
- (2) The exercise of the option was net settled with the Company and the exercise price was paid by the withholding of 14,557 shares of common stock by the Company pursuant to Section 16b-3(e) under the Securities Exchange Act of 1934.
- (3) The option was fully vested and exercisable as of April 15, 2009.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Reporting Owners 2

Edgar Filing: EMPIRE RESORTS INC - Form 4/A

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.