## Edgar Filing: EMPIRE RESORTS INC - Form 4

EMPIRE RE Form 4 May 07, 201:											
FORM									OMB AI	PPROVAL	
-		SECURITIES AND EXCHANGE COMMI Washington, D.C. 20549					OMB Number:	3235-0287			
Check thi if no long subject to Section 14 Form 4 or Form 5 obligatior may conti	6. Filed pr Section 1	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 Sectio 30(h) of the Investment Company Act of 1940							Expires: January 31, 2005 Estimated average burden hours per response 0.5		
See Instru 1(b).	iction	50(II)	of the m	vestment	company	Act	0117-	rO			
(Print or Type R	Responses)										
1. Name and Address of Reporting Person <u>*</u> Pitts Laurette			2. Issuer Name <b>and</b> Ticker or Trading Symbol EMPIRE RESORTS INC [NYNY]					5. Relationship of Reporting Person(s) to Issuer			
	(First) ICELLO CAS 7, 204 STATE OX 5013		3. Date of (Month/Da 05/05/20	-	ansaction			Director X Officer (give below)		9) 9 Owner er (specify	
				endment, Date Original nth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> <li>Person</li> </ul>			
(City)	(State)	(Zip)	Table	I - Non-D	erivative S	ecurit	ies Acc		f or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	Title of ecurity2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any		med on Date, if	e I - Non-Derivative Securities Acc 3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of		
Common				Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Stock, \$.01 par value per share	05/05/2015			А	50,000	А	\$ 0 (1)	70,000	D		

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 rities : 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					
I Government	Director	10% Owner	Officer	Other		
Pitts Laurette C/O MONTICELLO CASINO AND RACEWAY 204 STATE ROUTE 17B, P.O. BOX 5013 MONTICELLO, NY 12701			EVP, COO, CFO			
Signatures						
/s/ Laurette J.						

05/07/2015

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

Pitts

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).

Restricted stock grant under the Empire Resorts, Inc. Equity Incentive Plan, which shall vest as to one half upon the date when the New(1) York State Gaming Commission authorizes the opening of the Montreign Resort Casino to the public (the "Casino Date") and as to one half on the six month anniversary of the Casino Date.

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.