Edgar Filing: CENTURY CASINOS INC /CO/ - Form 4

CENTURY CASINOS INC /CO/ Form 4 March 15, 2017					
FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). LUNITED STAT	NERSHIP OF NERSHIP OF Re Act of 1934, f 1935 or Section				
(Print or Type Responses)					
1. Name and Address of Reporting Person <u>*</u> EICHBERG ROBERT S	2. Issuer Name and Ticker or Trading Symbol CENTURY CASINOS INC /CO/ [CNTY]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 461 WHITE HORSE TRL	3. Date of Earliest Transaction (Month/Day/Year) 03/10/2017	X_ Director 10% Owner Officer (give title 0ther (specify below)			
(Street) PALM DESERT, CA 92211	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 Form filed by More than One Reporting Person 			
(City) (State) (Zip)	Table I - Non-Derivative Securities Ac	quired, Disposed of, or Beneficially Owned			
(Instr. 3) any	Deemed 3. 4. Securities tion Date, if TransactionAcquired (A) or Code Disposed of (D) th/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price	5. Amount of Securities6. Ownership Form: Direct7. Nature of IndirectBeneficially Owned(D) orBeneficialOwnedIndirect (I) Indirect (I)Ownership OwnershipFollowing Transaction(s) (Instr. 3 and 4)(Instr. 4)			
Common 03/10/2017 Stock	G V 5,000 D \$0	55,752 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.

 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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	;	ate	7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Addr	ess	Relationships				
	Director	10% Owner	Officer	Other		
EICHBERG ROBERT S 461 WHITE HORSE TRL PALM DESERT, CA 9221	X 1					
Signatures						
/s/ Robert Eichberg	03/15/2017					
**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).

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.