#### ISLE OF CAPRI CASINOS INC

Form 4

August 16, 2007

### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

Expires:

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**OMB APPROVAL** 

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Check this box if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

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(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading HINKLEY TIMOTHY M Symbol ISLE OF CAPRI CASINOS INC [ISLE]

Issuer

(Check all applicable)

(Last)

(First)

(Middle)

3. Date of Earliest Transaction (Month/Day/Year)

Officer (give title below)

10% Owner \_X\_ Other (specify

below) Section 16 filer

600 EMERSON ROAD, SUITE 300 08/14/2007

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

Director

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

#### SAINT LOUIS, MO 63141

(City)	(State)	(Zip) Tab	le I - Non-I	Derivative	Secui	rities Acqu	ired, Disposed of	, or Beneficial	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
C			Code V	Amount	(D)	Price	(msu. 3 and 4)		
Common Stock	08/14/2007		M	8,000	A	\$ 6.5	70,528	D	
Common Stock	08/14/2007		M	3,600	A	\$ 10.25	74,128	D	
Common Stock	08/14/2007		M	8,593	A	\$ 15.47	82,721	D	
Common Stock	08/14/2007		M	3,261	A	\$ 15.535	85,982	D	
Common Stock							563	I	401-K account

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

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. Transactic Code (Instr. 8)	5. Number proof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	e Expiration Da (Month/Day/Y	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options (Right to buy)	\$ 6.5	08/14/2007		M	8,00	) 10/02/2002	10/02/2011	Common Stock	8,000	
Stock Options (Right to buy)	\$ 10.25	08/14/2007		M	3,60	0 09/22/2000	09/22/2009	Common Stock	3,600	9
Stock Options (Right to buy)	\$ 15.47	08/14/2007		M	8,59	3 09/15/2001	09/15/2010	Common Stock	8,593	
Stock Options (Right to buy)	\$ 15.535	08/14/2007		M	3,26	1 10/08/2003	10/08/2012	Common Stock	3,261	\$

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	10% Owner Officer O				
HINKLEY TIMOTHY M 600 EMERSON ROAD				Section 16 filer			
SUITE 300 SAINT LOUIS MO 63141							

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### **Signatures**

Timothy M Hinkley 08/15/2007

\*\*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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