#### **WALSH PETER**

Form 4

November 21, 2011

## FORM 4

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

**SECURITIES** 

**OMB** 

**OMB APPROVAL** 

Number:

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January 31, 2005

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response...

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

if no longer subject to Section 16. Form 4 or

Check this box

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).

(City)

(State)

(Zip)

(Print or Type Responses)

1. Name and Address of Reporting Person * WALSH PETER			2. Issuer Name and Ticker or Trading Symbol AMERISTAR CASINOS INC [ASCA]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)
(Last) (First) (Middle)  16633 VENTURA BOULEVARD, SUITE 1050			3. Date of Earliest Transaction (Month/Day/Year) 11/18/2011	Director 10% Owner Officer (give title Other (specify below) SVP, GC, Chief Admin Officer
	(Street)		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
ENCINO, CA 91436				Form filed by More than One Reporting Person

		Tabl	e i - Moli-D	envauve	3ccui i	nes Acqu	iii cu, Disposcu oi	, or belieficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)			5. Amount of 6. Securities Ownership Beneficially Form: Direct Owned (D) or Following Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	
Common Stock	11/18/2011		M	10,000	A	\$ 13.18	48,647	I	Family Trust (1)
Common Stock	11/18/2011		S	10,000	D	\$ 17.7	38,647	I	Family Trust (1)
Common Stock							84,890 (2)	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)required to respond unless the form

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

#### Edgar Filing: WALSH PETER - Form 4

# 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and A Underlying S (Instr. 3 and 4	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Options (Right to Buy)	\$ 13.18	11/18/2011		M	10,000	04/02/2003(3)	03/08/2012	Common Stock	10,000

Relationships

Officer

# **Reporting Owners**

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
ALSH PETER 633 VENTURA BOULEVARD			SVP, GC,	
755 VENTURA DUULE VARD			Chief Admin	

16633 VENTURA BOUL SUITE 1050 ENCINO, CA 91436

**Signatures** 

WA

/s/ Peter C. 11/21/2011 Walsh

\*\*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).
- (1) Securities owned by the Walsh Family Trust dated 9-11-03, of which Mr. Walsh and his spouse are co-trustees.
- (2) Balance includes previously reported restricted stock units and performance share units, each of which constitutes the right to receive one share of common stock in the future.
- (3) Option vested in five equal annual installments commencing on April 2, 2003.

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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