Edgar Filing: STATION CASINOS INC - Form 4

| STATION C | ASINOS INC | | | | | | | | | |
|---|------------------------------------|----------------------|---|---------------------|----------------------------------|--------------------|---|--|--|---|
| Form 4 | | | | | | | | | | |
| April 11, 200 |)7 | | | | | | | | | |
| FORM | 1 4 | | | | | | | | | PPROVAL |
| | UNITEI | D STATES | | ITIES A hington, | | | NGE (| COMMISSION | OMB Number: | 3235-0287 |
| Check thi if no long subject to Section 1 Form 4 or | ger STATE 6. r | | | | | | | Expires: Estimated a burden hou response | rs per | |
| Form 5 obligatior may conti <i>See</i> Instru 1(b). | inue. Section 1' | 7(a) of the | | ility Hold | ling Com | ipany | Act of | e Act of 1934, f 1935 or Sectio 40 | 'n | |
| (Print or Type R | Responses) | | | | | | | | | |
| 1. Name and A NIELSON S | ddress of Reportin SCOTT M | ng Person <u>*</u> | Symbol | Name and | | | - | 5. Relationship of Issuer | f Reporting Pers | |
| (Last) 2411 WEST | (First) SAHARA AV | (Middle) | 3. Date of (Month/Da 04/10/20 | - | ansaction | | | Director X Officer (give below) | 10% | o Owner er (specify |
| | | | Amendment, Date Original Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| LAS VEGA | S, NV 89102 | | | | | | | Form filed by M Person | More than One Re | eporting |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative S | Securi | ties Acc | uired, Disposed of | f, or Beneficial | lly Owned |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | ar) Execution any | med on Date, if Day/Year) | Code (Instr. 8) | on(A) or Di (D) (Instr. 3, | 4 and (A) or | d of 5) | 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) |
| Common Stock | 04/10/2007 | | | Code V F | Amount 1,822 | (D) D | Price \$ 86.1 | 495,853 | 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 | Amou Under Secur | le and int of rlying ities . 3 and 4) | 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 / Address | Relationships | | | | | | | |
|---|---------------|-----------|---------------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| NIELSON SCOTT M 2411 WEST SAHARA AVENUE LAS VEGAS, NV 89102 | | | Chief Development Officer | | | | | |
| Signatures | | | | | | | | |

| - 9 | |
|-----------------|------------|
| Scott M Nielson | 04/11/2007 |

<u>**</u>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.