## Edgar Filing: STATION CASINOS INC - Form 4

STATION C	CASINOS INC	l ,									
Form 4											
July 28, 200	6										
FORM	1 4								OMB AF	PROVAL	
	UNITE	D STATE		RITIES A shington,			NGE C	COMMISSION	OMB Number:	3235-0287	
Check th				0					Expires:	January 31,	
if no long subject to		EMENT O	F CHAN	GES IN I	GES IN BENEFICIAL OWNERSH				•	2005	
Section 1				SECUR	URITIES				Estimated average burden hours per		
Form 4 o	or								response	-	
Form 5		-					-	e Act of 1934,			
obligatio may cont				•	•	· ·		1935 or Section	1		
See Instruction 1(b).		30(h)	) of the In	vestment	Compan	y Ac	t of 194	0			
(Print or Type I	Responses)										
1. Name and A	Address of Report	ing Person <u>*</u>	2. Issue	r Name <b>and</b>	Ticker or	Tradiı	19	5. Relationship of	Reporting Pers	son(s) to	
WARNER WILLIAM W Symbol				-				Issuer			
STATIC				ION CASINOS INC [STN]				(Check all applicable)			
(Last)	(First)	(Middle)		f Earliest Tra	ansaction						
0411 WE07				th/Day/Year)			Director 10% Owner X Officer (give title Other (speci				
2411 WEST SAHARA AVENUE 07/27/20				/2006				below) below)			
								EVP - Chie	ef Operating O	fficer	
(Street) 4. If Am			4. If Ame	Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
Filed(Mon				(Month/Day/Year)				Applicable Line)			
	<b>G NWX G G G G G G G G G G</b>							_X_ Form filed by C Form filed by M			
LAS VEGA	S, NV 89102							Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction I	Date 2A. Dee	emed	3.	4. Securi			5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Ye		on Date, if Transaction(A) or Disposed of (D)					Securities	Form: Direct		
(Instr. 3)		any (Month/	Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)				5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(Wonth)	Day/Tear)	(111501.0)				Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	07/27/2006			F	7,290	D	\$ 64.31	465,829	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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Under Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
1 0	Director	10% Owner	Officer	Other				
WARNER WILLIAM W 2411 WEST SAHARA AVENUE LAS VEGAS, NV 89102			EVP - Chief Operating Officer					
Signatures								

William W. 07/28/2006 Warner

<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.