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Form 4												
January 03, 2	1 /									OMB A	PPROVA	۹L
	UNITED	STATES					NGE	COMMISSI	[ON	OMB Number:	3235	-0287
Check this box Expires: January							ry 31, 2005 0.5					
(Print or Type I	Responses)											
			2. Issue Symbol	Icouar					ship of Reporting Person(s) to			
(T i)		N 47 1 11 \		GAMIN		[BY]	D]	(Check	all applicabl	e)	
(Month/						below)	cctor 10% Owner icer (give title Other (specify below) Executive Vice President					
			Ionth/Day/Year)Applicable Line)			ne)	oint/Group Filing(Check					
LAS VEGA	S, NV 89169							_X_ Form file Form fileo Person		ore than One R		
(City)	(State)	(Zip)	Tab	ole I - Non-J	Derivative	Secur	rities A	cquired, Dispos	ed of,	or Beneficia	lly Owne	d
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4 Amount	(A) or of (D) and and (A) or)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Fo (D (I)	Ownership orm: Direct or Indirect hstr. 4)	7. Nature Indirect Benefici Ownersh (Instr. 4)	al 1ip
Reminder: Rep	ort on a separate line	e for each cla	ass of sec	urities bene	-		-	or indirectly.	ollecti	ion of S	SEC 1474	

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) 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	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Pr
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	Deriv
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Secu

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8		Acquired (A) or Disposed (D) (Instr. 3, and 5)	ed of					(Inst
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Career Restricted Stock Units	<u>(1)</u>	01/02/2008		А		1,846		(2)	(2)	Common Stock	1,846	4

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
LARSON BRIAN A 3883 HOWARD HUGHES PARKWAY NINTH FLOOR LAS VEGAS, NV 89169			Executive Vice President				

Signatures

Brian A. Larson	01/03/2008

<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).

The Career Restricted Stock Units were granted to the Reporting Person for no consideration pursuant to the Issuer's Career Shares(1) Program under its 2002 Stock Incentive Plan. Each Career Restricted Stock Unit represents a contingent right to receive one share of Issuer common stock.

The Career Restricted Stock Units will be paid out in shares of Issuer common stock at the time of retirement based upon the Reporting Person's/grantee's attained age and years of continuous service at the time of retirement. To receive any payout under the Career Shares Program, grantees must be at least 60 years old and must have been continually employed by the Issuer for a minimum of 15 years. Retirement after 15 years of service will entitle a grantee to 50 percent of his or her Career Restricted Stock Units. This increases to 75

(2) Reference after 15 years of service will entitle a grantee to 50 percent of ins of her Career Restricted Stock Onts. This increases to 75 percent after 20 years and 100 percent following 25 years of employment. In the event of grantee's death or permanent disability, or following a change in control of Issuer, the grantee will be deemed to have attained age 60 and the Career Restricted Stock Units will immediately vest and convert into shares of Issuer common stock based on the grantee's years of continuous service through the date of death, termination resulting from permanent disability or the change in control, as applicable.

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.