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SCHELLMANN GOTTFRIED Form 4/A March 08, 2005 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 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 SCHELLMANN GOTTFRIED Issuer Symbol **CENTURY CASINOS INC /CO/** (Check all applicable) [CNTY] (Last) (First) (Middle) 3. Date of Earliest Transaction X_ Director 10% Owner Officer (give title Other (specify (Month/Day/Year) below) below) **RIEMERSCHMIDG 30** 03/02/2005 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person 03/07/2005 _ Form filed by More than One Reporting MARIA Person ENZERSDORF, C4 A-02340 (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of Securities Form: Direct Indirect (Instr. 3) any Code (D) Beneficially (D) or Beneficial Owned Indirect (I) (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Ownership Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price Common 8,864 \$ S 03/02/2005 D 80.136 (1) D 92 (1)Stock Common 10,000 \$ 70,136 (2) 03/03/2005 S D D (2) Stock 8.8

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

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 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. Transacti Code (Instr. 8)	5. orNumber of Derivativ Securitie Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	umber Expiration Date Under (Month/Day/Year) (Instruction of the securities of the securit		7. Title and Underlying S (Instr. 3 and	Securities	8. Pr Deri Secu (Inst
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Common Stock Options	\$ 3.26					01/18/2005	01/18/2009	Common Stock	20,000	
Common Stock Options	\$ 2.12					02/28/2003	02/28/2007	Common Stock	10,000	

Reporting Owners

Reporting Owner Name / Address	Relationships						
r g	Director	10% Owner	Officer	Other			
SCHELLMANN GOTTFRIED RIEMERSCHMIDG 30	Х						
MARIA ENZERSDORF, C4 A-02340 Signatures							
Gottfried Schellmann 03/08/2005							

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) The amount of securities disposed of and the amount of shares beneficially owned following the reported transaction were erroneously stated in the reporting person's previously filed Form 4 as 8,646 and 80,354 respectfully and are correctly stated in the amended Form 4.
- (2) The amount of securities disposed of and the amount of shares beneficially owned following the reported transaction were erroneously stated in the reporting persons previously filed Form 4 as 6,400 and 73,954 respectfully and are correctly stated in the amended Form 4.

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.

**Signature of

Reporting Person