

Edgar Filing: TRUMP HOTELS & CASINO RESORTS INC - Form 4

TRUMP HOTELS & CASINO RESORTS INC  
 Form 4  
 July 09, 2002

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 FORM 4  
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
 Washington, D.C. 20549

Check this box if no longer  
 subject to Section 16.  
 Form 4 or Form 5  
 obligations may continue.  
 See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(f) of the Investment Company Act of 19

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 1. Name and Address of Reporting Person\* 2. Issuer Name and Ticker or Trading Symbol 6. R

TRUMP DONALD J. Trump Hotels & Casino Resorts, Inc. (NYSE: DJT)

(Last) (First) (Middle) 3. IRS 4. Statement for Month/Year  
 Identification  
 Number of  
 Reporting Person  
 if an Entity June 2002

(Voluntary)

725 Fifth Avenue

(Street)

5. If Amendment, Date of Original (Month/Year) 7.

New York New York 10022

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired  
 Owned

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 1. Title of Security (Instr. 3) 2. Trans- 3. Trans- 4. Securities Acquired (A) 5.  
 action action Code or Disposed of (D)  
 Date (Instr. 8)  
 (Month  
 /Day/  
 Year)



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7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned at End of Month (Instr. 4)	10. Ownership Form Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
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Title	Amount or Number of Shares

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Explanation of Responses:

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations.  
See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

/s/ DONALD J. TRUMP -----	July 9, 2002 -----
**Signature of Reporting Person DONALD J. TRUMP	Date

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.

