BROWN PETER C
Form 3
May 14, 2010

FORM 3

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

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
Â BROWN PETER C

(Last) (First) (Middle)

30 W. PERSHING ROAD,Â SUITE 201

(Street)

KANSAS CITY,Â MOÂ 64108

(City) (State) (Zip)

2. Date of Event Requiring Statement (Month/Day/Year)
05/12/2010

3. Issuer Name **and** Ticker or Trading Symbol
ENTERTAINMENT PROPERTIES TRUST [epr]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

__X__ Director
_____ 10% Owner
_____ Officer
_____ Other
(give title below) (specify below)

5. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
_X_ Form filed by One Reporting Person
___ Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1.Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Shares of Beneficial Interest	1,250	I	Son, Tenants in Common
Common Shares of Beneficial Interest	1,250	I	Son, Tenants in Common
Common Shares of Beneficial Interest	1,250	I	Daughter, Tenants in Common
Common Shares of Beneficial Interest	1,250	I	Son, Custodian
Common Shares of Beneficial Interest	6,500	I	Peter and Kate Brown Family Foundation

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

SEC 1473 (7-02)

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 Beneficially Owned (*e.g.*, puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Restricted Share Units (2)	Â (1)	Â (1)	Common Shares of Beneficial Interest	1,000	$ (2)	D	Â
Restricted Share Units (3)	Â (1)	Â (1)	Common Shares of Beneficial Interest	834	$ (3)	D	Â
Option to Purchase Common Shares of Beneficial Interest (4)	05/12/2010	05/12/2020	Common Shares of Beneficial Interest	1,410	$ 44.98	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
BROWN PETER C 30 W. PERSHING ROAD SUITE 201 KANSAS CITY,Â MOÂ 64108	Â X	Â	Â	Â

Signatures

/s/ JoLynne Zade, by Power of Attorney	05/14/2010
**Signature of Reporting Person	Date

Explanation of Responses:

***** If the form is filed by more than one reporting person, *see* Instruction 5(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).

(1) All shares are payable one year from date of grant.

(2) Restricted Share Units were issued to Reporting Person in lieu of the Reporting Person's Annual Trustee Retainer fee. Each Restricted Share Unit represents a contingent right to receive one common share of beneficial interest.

(3) Restricted Share Units were issued to Reporting Person pursuant to Company's Equity Incentive Plan. Each Restricted Share Unit represents a contingent right to receive one common share of beneficial interest.

(4) Option to Purchase Shares were issued to the Reporting Person pursuant to Company's Equity Incentive Plan.

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.

Explanation of Responses: