FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average but	rden								
ı	hours por rosponso:	0.5								

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Reibstein Saul						2. Issuer Name and Ticker or Trading Symbol PENN NATIONAL GAMING INC [PENN]											k all applic Directo	able) r	g Pers	son(s) to Issi	vner	
(Last) 825 BEF	(Last) (First) (Middle) 825 BERKSHIRE BLVD, SUITE 200						3. Date of Earliest Transaction (Month/Day/Year) 01/14/2016										below)	r (give title) Finance, CFO		Other (s below) & Treasure	·	
(Street) WYOMISSING PA 19610 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Indi Line) X	′					
		Tak	le I - No	n-Deriv	/ativ	e Se	curi	ties Ac	qui	ired, C	Disp	osed o	f, o	r Ben	efic	ially	Owned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				4 and Securit Benefic Owned		s ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
				[Code	/			Amount		(A) or (D)	Pri	ce	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)				
Common Stock ⁽¹⁾ 01/14/						2016				М		12,50	0	A		(1)	28,	300		D		
Common Stock 01/14/						6			D		12,50	0	D	\$1	4.28	15,800		D				
Common Stock																	150			(2)	By Spouse	
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. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Yea				7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		5	s. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				C	Code	ode V	(A)	(D)	Date Exe	te ercisable		xpiration ate	Title		Amo or Num of Shar	ber						
Phantom Stock Unit	(1)	01/14/2016			M		12,500		01/	/14/2016	0	1/14/2016	Con	nmon	12,5	00	(1)	25,000)	D		

Explanation of Responses:

- 1. The recipient receives a cash payment for each unit equal to the fair market value on the vesting date of one share of the Company's Common Stock. Of the original award of phantom stock units, 12,500 units vested on each of January 14, 2015 and January 14, 2016. The remaining phantom stock units will vest as follows: 12,500 units on January 14, 2017 and 12,500 units on January 14, 2018.
- 2. Mr.Reibstein disclaims beneficial ownership of all of the shares owned by his spouse, and this report should not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 or any other purpose.

/s/ Christopher Rogers as attorney-in-fact for Saul

01/19/2016

Reibstein

** Signature of Reporting Person Date

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

- * 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.

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 Number.