## FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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*				2. Issuer Name <b>and</b> Ticker or Trading Symbol PENN NATIONAL GAMING INC [ PENN ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
SHATTUCK KOHN BARBARA				1~			1101	12.2			110 111	<u> </u>	1 2111	٠, ٦	X	Directo	or		10% Ov	vner	
(Last)	`	First) BLVD SUITE 20	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/19/2016									Officer below)	(give title		Other (s below)	specify		
023 DEN	KSIIIKE	BLVD SOITE 20	U		4 1	f Ame	ndmei	nt Date	of (	Original	Filed	(Month/D	av/V	ear)		6 Ind	ividual or	loint/Grour	n Filin	g (Check Ap	nlicable
(Street)					-   -	AIIIC	iluillei	ii, Date	OI C	Originai	i iicu	(WOTH I/D	ay/ I	caij		Line)					
WYOMI	SSING I	PA	19610		_											X		filed by Moi		orting Perso n One Repo	
(City)	(	State)	(Zip)														F 6130				
		Tab	le I - No	n-Deriv	ative	e Se	curit	ies Ad	cqu	uired,	Dis	posed (	of, c	or Bei	nefi	cially	Owned	t			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		İ	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				4 and Securit Benefic Owned		es ially Following	Forn (D) o	n: Direct or Indirect instr. 4)	7. Nature of Indirect Beneficial Ownership		
										Code	v	Amount		(A) or (D)	Pr	ice	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common Stock <sup>(1)</sup>			02/19	02/19/2016					M		1,27	3	A		(1)	51	51,165		D		
Common Stock			02/19	9/2016					D		1,27	3	D	D \$13.94		4 49,892			D		
Common Stock																2,	2,000		(2)	By Spouse	
		7	able II -									osed of onverti					Owned			,	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transactio Code (Insti 8)				Ex	Date Exercisa xpiration Date Month/Day/Yeau			7. Title and Amount of Securities Underlying Derivative S (Instr. 3 and		Secu	S (I	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	ode V		(D)		ate kercisabl		xpiration ate	Title		Amo or Num of Shar	ber					
Phantom Stock Unit	(1)	02/19/2016			M			1,273		(1)		(1)		nmon	1,2	73	(1)	1,272		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, 1,273 units vested on February 19, 2016. The remaining 1,272 phantom stock units will vest on February 19, 2017.
- 2. Ms. Shattuck Kohn disclaims beneficial ownership of these shares owned by here 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 Barbara

Shattuck Kohn

02/23/2016

\*\* 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.