FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

vva3/iii/gto11, D.O. 20040

OMB APPROVAL									
OMB Number:	3235-028								
Estimated average l	hurdon								

0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB Number: 32:
Estimated average burden hours per response:

## 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*						2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>IPPOLITO ROBERT S</u>				PE	PENN NATIONAL GAMING INC [ PENN ]								(	Directo	,		10% O	wner	
-							6 <b>-</b>	·		4l- /F	> () ()		-	X	Officer below)	(give title		Other (: below)	specify
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/20/2010									,		Sec	retary/Tre	ıa
825 BERKSHIRE BLVD SUITE 200														VICC	1 residein	, occ	retary/ rre	u	
-	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable									
(Street)					""	and an engineer med (months buy) real)								Line)					
WYOMISSING PA 19610													X Form filed by One Reporting Person						
																Form filed by More than One Reporting Person			
(City)	(S	tate)	(Zip)												1 0130				
		Tab	le I - Non-	-Deriva	ative	Sec	curitie	s Ac	quired, I	Disp	osed o	of, or Be	enefic	ially	Owned	d t			
1 Title of 9	Security (Ins			2. Transa		_	A. Deem		3.			ities Acqui			5. Amou		6. Ov	vnership	7. Nature
2. 11.00 01 0	occurry (mo	0,	1	Date (Month/D		Execution Date,										Form: Direct (D) or Indirect		of Indirect Beneficial	
(WOTHER)						(Month/Day/Year								Owned I			str. 4)	Ownership (Instr. 4)	
									Code	v	Amount	(A) or Pi		e	Transaction(s) (Instr. 3 and 4)				(111511.4)
												(D)			1,	anu 4)			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
				<del></del>		Cans	<del>-</del>	_						<del>-</del>			. 1		1
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deemed Execution D	Date, 1	4. Transactior		on of					7. Title and Amount of		8. Price Derivativ		9. Number derivative	1	10. Ownership	
Security   or Exercise   (Month/Day/Year)   if any   (Month/Day/Year)   (Month/Day/Year)   if any					Code (Instr. 3)		Derivative Securities		(Month/Day/Year) Securities Underlying					Securit (Instr. !				Form: Direct (D)	Beneficial Ownership
Derivative Security							Acquir (A) or	ed	Derivative Secu (Instr. 3 and 4)					rity		Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)
						Disposed			(msu. 5 and 4)							Reported		(1) (111341. 4)	
								nstr. 3, 4							Transaction(s) (Instr. 4)	n(s)			
				-			and 5)							_					
													Amou or						
									Date	E	xpiration		Numb of	er					
				(	Code	٧	(A)	(D)	Exercisable		ate	Title	Share	s					
Phantom Stock Unit	(1)	10/20/2010			Α		6,039		(2)		(2)	Common Stock	6,03	9	\$0	6,039		D	

## **Explanation of Responses:**

- 1. Upon vesting, the recipient is entitled to 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.
- 2. The Phantom Stock Unit is scheduled to vest as follows: 1,342 units on October 20, 2011; 1,342 units on October 20, 2012; 1,342 units on October 20, 2013; 1,007 units on October 20, 2014 and 1,006 units on October 20, 2015.

/s/Robert S Ippolito 10/22/2010

\*\* 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.