FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | | |

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|---|--|----------|--|---|---|---|---|---|--------------------------------------|---------------------|---|---------------------|---------------|--|---|---|---|---|--|
| 1. Name and Address of Reporting Person* IPPOLITO ROBERT S | | | | | 2. Issuer Name and Ticker or Trading Symbol PENN NATIONAL GAMING INC [PENN] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/15/2011 | | | | | | | | | | Director Officer (give title below) Vice Presiden | 10% Owner Other (specify below) , Secretary/Trea | |
| (Street) WYOMISSING PA 19610 (City) (State) (Zip) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | | Tabl | e I - Non | -Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Ben | eficia | ally Ov | vned | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Disposed Code (Instr. 5) | | | | | nd Se Be Ov | Amount of curities eneficially vned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | Tra | ansaction(s) str. 3 and 4) | | (111511.4) | |
| Common Stock | | | | 04/15/2011 | | | | | A | | 2,739 | 9 A | | \$ | 41,741 | | D | | |
| | | | Та | ıble II - D | | | | | | | | sed of, onvertib | | | | y Own | ed | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversi or Exerci Price of Derivativ Security | on se | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, T | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration (Month/D | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price Derivati Security (Instr. 5 | ve derivative Securities | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | of | | | | | |

Explanation of Responses:

/s/Robert S Ippolito

04/19/2011

** 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.