FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF CHANGE	S IN BENEFICIA	AL OWNERSHIP

	OMB APPROVAL									
C	OMB Number:	3235-0287								
E	stimated average b	ourden								
IJь	oure per rechence:	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* <u>CARLINO PETER M</u>					2. Issuer Name and Ticker or Trading Symbol PENN NATIONAL GAMING INC [PENN]									Check all a	hip of Reportir pplicable) ector	,	to Issuer % Owner		
(Last) 825 BER	`	rst) (LVD SUITE 200	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/22/2016										icer (give title ow)	Other (specify below)		
(Street) WYOMI (City)	SSING PA		19610 Zip)			4. If Amendment, Date of Original Filed (Month/Day/Year) 03/24/2016									ne) X Fo	,			
		Tabl	e I - No	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	ficia	ally Ow	ned			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,		Code (Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			nd Sec Ben Owi	mount of urities eficially led Following	6. Ownersh Form: Direc (D) or Indire (I) (Instr. 4)	of Indirect ct Beneficial Ownership				
							Code	v	Amount		(A) or (D)	Price	Trai	orted saction(s) r. 3 and 4)		(Instr. 4)			
Common Stock 03/22				2/2016	2016		J ⁽¹⁾		31,10	6	A	\$	0	212,684					
Common Stock 03/22				2/2016	2016		J ⁽²⁾		253,813 ⁽⁵⁾		D	\$	0 (6,124,528		By Trusts			
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	Date (Month/Day/Year) if	Execution if any	Execution Date, f any		4. Transaction Code (Instr. 8)		of		6. Date Exercisa Expiration Date (Month/Day/Yea		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price o Derivative Security (Instr. 5)		Owners Form: Direct (I or Indire (I) (Instr	Beneficial Ownership ct (Instr. 4)	
			Code	Code V		(D)			Expiration Date	Title	or Num of	ber							

Explanation of Responses:

- 1. Shares acquired by Peter M. Carlino as a beneficiary under the Carlino Family Trust.
- 2. Shares distributed to all beneficiaries of the Carlino Family Trust.
- 3. Includes 365,212 shares owned by a residuary trust for the benefit of Peter D. Carlino and Peter D. Carlino's children. The reporting person is a trustee of the residuary trust with shared voting and investment power. The reporting person disclaims beneficial ownership of the shares owned by the residuary trust, except to the extent to of his pecuniary interest therein, and this report should not be deemed an admission the reporting person is the beneficial owner of such securities for purposes of Section 16 or any other purpose.
- 4. Includes 5,759,316 shares held by the Carlino Family Trust, as to which Peter M. Carlino has sole voting power for certain matters. The reporting person disclaims beneficial ownership of the shares owned by the trust, except to the extent to of his pecuniary interest therein, 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
- 5. This amendment corrects the number of shares distributed, as the original filing inadvertently omitted 3,000 shares.

/s/ Christopher Rogers as attorney-in-fact for Peter M.

03/24/2016

Carlino

** 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.