FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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|-------------|------|-------|

| Check this box if no longer subject to | |
|--|--|
| Section 16. Form 4 or Form 5 | |
| bligations may continue. See | |
| | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| houre por roeponeo: | 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

| Name and Address of Reporting Person* Burke Thomas | | | | 2. Issuer Name and Ticker or Trading Symbol PENN NATIONAL GAMING INC [PENN] | | | | | | | | | Chec | ationship of Reportin c all applicable) Director Officer (give title | | 10% 0 | | wner | | | |
|--|----------|--|----------------|---|---|---|---|-------------------------------------|-------------------|---|------------------|------------------------------------|--|---|---------------|--|---|-----------------------------------|--|--|--|
| (Last) 825 BER | ` | rst) (SLVD SUITE 20 | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/06/2014 | | | | | | | | X | below) | | nal C | Other (specify below) Operations | | | |
| (Street) WYOMI (City) | SSING PA | tate) (| 19610 (Zip) | | - | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | ine) X | ′ | | | | | | |
| | | Tab | le I - Nor | n-Deriv | ative | e Se | curiti | ies Ac | quired, | Dis | posed o | of, or Be | nefici | ally | Owned | l | | | | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code | Transaction Dispose Code (Instr. 5) | | ities Acquii d Of (D) (In | | 4 and Securiti Benefic Owned | | es ally Following | Form (D) o | n: Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | Code | v | Amount | (A) o (D) | r Price | 9 | Reported Transaction(s) (Instr. 3 and 4) | | | | | | | | |
| Common Stock 02/06 | | | | 6/201 | /2014 | | M | | 1,76 | 1 A | (: | l) | 49,015 | | | D | | | | | |
| Common Stock 02/0 | | | | 02/0 | 6/201 | 5/2014 | | D | | 1,76 | 1 D | \$1 | 1.3 | .3 47,254 | | D | | | | | |
| | | Т | able II - | | | | | | | | | , or Ben ble sec | | | owned | | | • | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) Fixe of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | | Date, | Code (Instr | | n of E | | i. Date Exercisable and Expiration Date Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | D S (I | . Price of erivative ecurity nstr. 5) | vative derivative urity Securities | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) | | | | |
| | | | | Co | Code | de V | (A) | | Date Exercisab | | xpiration ate | Title | Amour or Number of Shares | er | | | | | | | |
| Phantom Stock Unit | (1) | 02/06/2014 | | | M | | | 1,761 | 02/06/201 | 4 0 | 2/06/2014 | Common Stock | 1,76 | | (1) | 3,521 | | 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.

/s/Robert S Ippolito as

02/10/2014 attorney-in-fact for Thomas

Burke

** 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.