FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
1	OMB Number:	3235-0287									
	Estimated average burden										
	hours per response:	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>CLIFFORD WILLIAM J</u>					2. Issuer Name and Ticker or Trading Symbol PENN NATIONAL GAMING INC [ PENN ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
												Directo	r	10% O	wner	
					Date of Earliest Transaction (Month/Day/Year)							Officer below)	Officer (give title		specify	
(Last)	(	First)	(Middle)		01/29/2004							below) below) Chief Financial Officer				
825 BERKSHIRE BLVD SUITE 200					01/25/2007							Chief Financial Officer				
				⊢												
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)				
WYOMISSING PA 19610											X Form filed by One Reporting Person					
												Form fi	led by More th	an One Reno	rting	
												Person		an one nope	9	
(City)	(	State)	(Zip)													
		Tal	ble I - Non-D	erivat	ve Se	curitie	s A	cquired, D	isposed o	f, or Ber	neficiall	y Owned				
1 Title of	Security (In	etr 3)	2	Transacti	ction 2A. Deemed 3. 4. Securities Acquired (A)						d (A) or	o) or 5. Amount of 6. Ownership 7. Nature				
Date					Execution Date, Transaction D				on Disposed	Disposed Of (D) (Instr. 3, 4 ar		nd Securities		n: Direct Indirect		
(Month/Da				onth/Day	ay/Year) if any (Month/D			Code (Instr.   5) ar)   8)							Beneficial Ownership	
					(World // Day/ Tea		ai, jo,				Reported	ı " '''		(Instr. 4)		
								Code V	Amount	(A) or (D)	Price	Transact (Instr. 3 a		- 1		
										(6)		(111311. 3 6	110 4)			
			Table II - De	rivativ	e Sec	urities	Acc	uired, Dis	posed of,	or Bene	ficially	Owned				
								s, options,								
1. Title of	of 2. 3. Transaction 3A. Deemed 4.					5. Numl	oer	6. Date Exercisable and 7. Title and Amo			8. Price of	9. Number of	10.	11. Nature		
Derivative Security	Conversior or Exercise		Execution Date	ate, Transaction				Expiration Date (Month/Day/Year)		of Securities Underlying		Derivative Security	derivative Securities	Ownershi Form:	of Indirect Beneficial	
(Instr. 3)	Price of	(World I/Day/ Teal)	(Month/Day/Ye		Securities Acquired		es	(Month/Day/rear)		Derivative		(Instr. 5)	Beneficially	Direct (D)	Ownership	
	Derivative						ed		(Instr. 3		nd 4)		Owned Following Reported	or Indirect (I) (Instr. 4		
	Security					(A) or Disposed of (D) (Instr. 3, 4 and 5)										
													Transaction(	s)		
						1 -,	I -,				Amount	1				
											or			1		
								Date	Expiration		Number of			1		
				Code	. v	(A)	(D)	Exercisable	Date	Title	Shares					
Non-			İ					İ		İ						
Qualified														1		
Stock	\$24.3	01/29/2004		A		45,885		01/29/2005 <sup>(1)</sup>	01/29/2011	Common	45,885	\$ <del>0</del>	45,885	D		
Options (right to										Stock				1		
buy)																
Incentive		1		1	+	1			1						1	
Stock										C						
Options	\$24.3	01/29/2004		Α		4,115		01/29/2005 <sup>(1)</sup>	01/29/2011	Common Stock	4,115	\$ <mark>0</mark>	4,115	D		
(right to	1	1	I	- 1	1	1	I	I	1		I	I	I	1	1	

## Explanation of Responses:

1. Exercisable over 4 years at 25% per year

/s/Robert S Ippolito as attorneyin-fact for William J Clifford 02/02/2004

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.