## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT	OF CHANGES	S IN BENEFIC	CIAL OWNERSH	<b>HIP</b>

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	burden								
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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 an		f Reporting Person*								or Tradii L GA		ymbol NG IN	<u>C</u> [	PENI			k all appli	cable)	g Per	son(s) to Iss	
(Last) 825 BER	`	First) BLVD SUITE 20	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/13/2018											Officer below)	(give title	give title C		specify
(Street) WYOMIS (City)			19610 (Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										3. Indi Line) X	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Deriv  1. Title of Security (Instr. 3)  2. Transa Date (Month/D				action	Execution Date,			<u>,                                    </u>	3. 4. Securit Transaction Code (Instr. 5)			of, or Beneficiall rities Acquired (A) or ted Of (D) (Instr. 3, 4 and			r	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
										Code	,	Amount	(A) or (D)		Pric	e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
					3/2018				-	M		6,542		A		7.20	1	4,358		D	
Common Stock 03/13 Common Stock					/2018			1	D		6,542 Г		D	\$2.	7.29	29 297,816 5,654,199			(2)(3)	By Trusts	
		Т	able II -									sed of onverti					wned			,	1
	2. Conversion or Exercise Price of Derivative Security	ise (Month/Day/Year) if any (Mont		Date,		Transaction Code (Instr.		n of E		Date Exer piration E onth/Day/	ate		7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)		Securit	Di Si (li	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Dhautan					Code	v	(A)	(D)	Dat Exe	ercisable		xpiration ate	Title	•	Amour or Number of Shares	er 6					
Phantom	(1)	03/13/2018	1		M			6,542		(1)		(1)	LCOIL	nmon	6,542	2	(1)	0		D	1

## **Explanation of Responses:**

- 1. The recipient receives a cash payment for each phantom stock unit equal to the fair market value on the vesting date of one share of the Company's common stock.
- 2. 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.
- 3. Includes 5,288,977 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.

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

03/15/2018

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.