FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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* Reibstein Saul						2. Issuer Name and Ticker or Trading Symbol PENN NATIONAL GAMING INC [PENN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					
(Last) 825 BEI	(Last) (First) (Middle) 825 BERKSHIRE BLVD, SUITE 200				3. Date of Earliest Transaction (Month/Day/Year) 02/19/2015									X	X Officer (give title below) below: EVP-Finance, CFO & Tree				·	
(Street) WYOMISSING PA 19610 (City) (State) (Zip)					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - No	n-Deriv	/ative	Sec	curitie	s Ac	quired,	Dis	posed o	of, or Be	enefic	cially	Owned	t				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						ur) Ex	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			and 5) Securiti Benefic Owned		es ially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Pric	e	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock ⁽¹⁾ 02/19/2					/2015	2015			М		1,273	A		(1)	12	12,073		D		
Common Stock 02/19/					/2015				D		1,273	D	\$1	6.775	10	10,800		D		
Common Stock														150			(2)	By Spouse		
		7	able II -	Deriva (e.g., p	tive S	Secu calls	rities , warr	Acqı ants	uired, D , optior	isp is, c	osed of converti	, or Ben ble sec	eficia uritie	ally C s)	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deem Execution if any (Month/D	n Date,	4. Transaction Code (Instr. 8)		n of		6. Date Ex Expiration (Month/Da	Date		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		D S (I	Price of erivative ecurity estr. 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)	
Phantom	(1)	02/19/2015			Code	v	(A)		Date Exercisab		Expiration Date	Title Common	Amou or Numl of Share	ber es	(1)	2,545		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. Of the original award of phantom stock units (which were granted to Mr. Reibstein during his tenure on the Company's Board of Directors), 1,273 units vested on February 19, 2015. The remaining phantom stock units will vest as follows: 1,273 units on February 19, 2016 and 1,272 units on February 19, 2017.
- 2. Mr.Reibstein disclaims beneficial ownership of all of the shares owned by his spouse, 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 Saul

02/23/2015

Date

Reibstein

** Signature of Reporting Person

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.