**Part I  Reporting Issuer**

1. Issuer's name
   - **Penn National Gaming, Inc.**

2. Issuer's employer identification number (EIN)
   - 23-2234473

3. Name of contact for additional information
   - Joseph N. Jaffoni

4. Telephone No. of contact
   - (212) 835-8500

5. Email address of contact
   - penn@jciir.com

6. Number and street (or P.O. box if mail is not delivered to street address) of contact
   - 825 Berkshire Blvd., Suite 200

7. City, town, or post office, state, and Zip code of contact
   - Wyomissing, PA 19610

8. Date of action
   - November 1, 2013

9. Classification and description
   - Common Stock

10. CUSIP number
    - 70756G109

11. Serial number(s)
    - N/A

12. Ticker symbol
    - PENN and GLPI

13. Account number(s)
    - N/A

**Part II  Organizational Action**

Attach additional statements if needed. See back of form for additional questions.

14. Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ► See Attachment

15. Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ► See Attachment

16. Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ► See Attachment
17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ See Attachment

18 Can any resulting loss be recognized? ▶ See Attachment

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ See Attachment

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature ▶ [Signature]  Date ▶ 12/4/13

Print your name ▶ Brian T. DeMild, CPA

Title ▶ Vice President of Tax

Paid Preparer Use Only

Print/Type preparer's name | Preparer's signature | Date | Check □ if self-employed | PTIN
--- | --- | --- | --- | ---
Firm's name ▶ | | | Firm's EIN ▶ |
Firm's address ▶ | | | Phone no. |

Send Form 8837 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0954