FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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

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)							
Ittorosto	III Ouui															X	Directo	or		10% Ov	vner		
(Last) (First) (Middle) 825 BERKSHIRE BLVD., SUITE 200						3. Date of Earliest Transaction (Month/Day/Year) 01/03/2021											Officer below)	Other (specify below)					
	4 If	Λmar	ndmer	nt Data	of C	Original	Filed	(Month/D	6	Individual or Joint/Group Filing (Check Applicable													
						4. If Amendment, Date of Original Filed (Month/Day/Year)										Line)							
(Street) WYOMIS	SSING 1	PA	19610													X	Form f	iled by One	Rep	orting Perso	n		
					.												Form f Persor		e thai	n One Repo	rting		
(City)	(State)	(Zip)														reisoi	1					
		Tab	le I - No	n-Deriv	ative	Sec	urit	ies A	qu	uired,	Dis	posed o	of, c	or Ben	eficia	ally	Owned	i					
o. oou			2. Transaction Date (Month/Day/Yea		Execu (Year) if any		Deemed ecution Date, ny onth/Day/Year)		3. Transaction Code (Instr.) 8)					d (A) or r. 3, 4 aı	nd	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount		(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock 01/03					3/2021					M		3,188	8	A	(1)		37,369			D			
Common Stock				01/03	3/2021					D		3,188	8	D \$86		.37	34,181		D				
Common Stock																	150			(2)	By Spouse		
		٦	Гable II -									osed of onverti					wned			,			
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	ed Date,	4. Transa Code (I 8)	ction	5. Number of		6. I		ercisa Date	able and	7. T Am Sec Und	7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		8. De Se (II	B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Securities Guned Following Reported Transactio (Instr. 4)	Ow For Dir or I (I) (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirec Beneficia Ownersh (Instr. 4)		
					Code	v	(A)	(D)	Da Ex	ate xercisabl		expiration late	Title		Amoun or Numbe of Shares								
Phantom Stock	(1)	01/03/2021			M			3,188	01	1/03/202	1 0	1/03/2021		mmon tock	3,188		(1)	6,376		D			

Explanation of Responses:

- 1. The reporting person 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. 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 ownership of such securities for purposes of Section 16 or any other purpose.

Remarks:

/s/ Elliot D. Hoops, Attorney-In-Fact for Saul Reibstein

01/05/2021

** 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.