FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL						
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

		f Reporting Person*		2. Issuer Name and Ticker or Trading Symbol PENN NATIONAL GAMING INC [ PENN ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>Snyder Steven T.</u>						ELITATION DIMINISTRO [TENTO]									Directo	or		10% O	wner	
(Lact)	/6	First)	Date of Earliest Transaction (Month/Day/Year)								$\dashv$	X	Officer below)	er (give title v)		Other (s	specify			
(Last)	`	,	02/06/2012										SR	VP-Corp	Dev	elopment				
825 BER	KSHIRE I														_					
-		4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable									
(Street)															Line)					
WYOMISSING PA 19610													X Form filed by One Reporting Person							
															Form filed by More than One Reporting					
(City) (State) (Zip)														Perso	n					
(Oity)		, tate)	(Eib)																	
		Tab	le I - Non-I	Deriva	tive	Sec	uritie	s Ac	quired, I	Disp	osed o	of, or Be	enefic	ially	Owned	t				
1. Title of Security (Instr. 3) 2. Transact									3.			rities Acquired (A)							7. Nature	
				Date Month/Da	v/Yea		Execution Date, if any		Transaction Disposed Of (D) (Inst			str. 3, 4	and					of Indirect Beneficial		
					,,		(Month/Day/Yea				'			Ow		d Following (i)		(Instr. 4)	Ownership	
									Code	v	Amount	(A) or		ce	Reporte Transac	tion(s)			(Instr. 4)	
									Code	<u> </u>	Aillouit	(D)			(Instr. 3	and 4)				
		Т	able II - De	erivati	ve S	ecu	rities	Aca	uired. Di	spc	sed of	or Ben	eficia	ıllv (	Owned					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of	2.	3. Transaction	3A. Deemed	4.	4. Transaction Code (Instr. 8)		action of I		6. Date Exe	6. Date Exercisable and		7. Title and Amount of Securities		8	. Price of	9. Number	of	10.	11. Nature of Indirect Beneficial	
Derivative	Conversion	Date	Execution Da						Expiration I					erivative ecurity	derivative Securities		Ownership Form:			
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/Day/Y						(Month/Day/Year)  Securities Underlying Derivative Secu (Instr. 3 and 4)					(Instr. 5)		Beneficially		Direct (D)	Ownership	
	Derivative Security			.   .												Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)	
	Security												iiu 4)			Reported		(1) (111511.4)		
																Transaction(s)	n(s)			
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								П		$\top$			Amou	nt						
													or Numb	er						
				,	ode ,	v	(A)	(D)	Date Exercisable		xpiration ate	Title	of Share							
DI .					oue	•	(^)	(6)	LACICISADIO	- 15	aic		Silate	_						
Phantom Stock Unit	(1)	02/06/2012		-	A		8,132		(2)		(2)	Common Stock	8,13	2	\$ <mark>0</mark>	8,132		D		

## **Explanation of Responses:**

- 1. Upon vesting, the recipient is entitled to 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.
- 2. The Phantom Stock Unit is scheduled to vest over 4 years at 25% per year on the anniversary date of the grant.

/s/Robert S. Ippolito as attorney-in-fact for Steven T 02/08/2012 Snyder

\*\* 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.