FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPR                 | 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

| 1. Name and Address of Reporting Person*  IPPOLITO ROBERT S                    |                   |   |  | 2. Issuer Name and Ticker or Trading Symbol PENN NATIONAL GAMING INC [ PENN ] |                    |  |      |                          |                     |   | Check        | k all appli<br>Directo                            | ,   | g Per   | son(s) to Iss<br>10% O<br>Other (s                                       | wner   |
|--|-------------------|---|--|---|--------------------|--|------|--------------------------|---------------------|---|--------------|---|---|---|--|--|
| (Last) (First) (Middle)<br>825 BERKSHIRE BLVD SUITE 200                        |                   |   |  | 3. Date of Earliest Transaction (Month/Day/Year) 01/29/2013                   |                    |  |      |                          |                     |   | X            | below)  |   |   | below)   |  |
| (Street) WYOMISSING PA 19610   |                   |   | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |                    |  |      |                          |                     |   | i. Indivine) | · '   |   |   |  |  |
| (City) (State) (Zip)   | n Doriv           | ativo   | Soc  | ritio   | <u> </u>           | auirod I   | )icı | nosod e                  | of or Bo            | nofici  | ally         | Ownor   | 4   |   |  |  |
| 1. Title of Security (Instr. 3)  | action<br>Day/Yea | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |  | 3.<br>Transac<br>Code (Ir<br>8)   | tion<br>nstr.<br>V | 5) (4) or  |      | red (A) o<br>str. 3, 4 a | r<br>und            | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) |              | Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
| 1. Title of Derivative Conversion Security or Exercise (Month/Day/Year) if any | (e.g., po         | 4. Transactic Code (Ins                                     |  | 5. Number of  |                    | 6. Date Exercisal<br>Expiration Date<br>(Month/Day/Year) |      | onverti                  |                     |   | 8. De Se (Ir | Price of<br>erivative<br>ecurity<br>nstr. 5)      | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | is liy  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
| Phantom (1) 01/29/2013 Stock Unit  | C                 | Code  | v  | (A)<br>4,843  |                    | Date<br>Exercisable                                      |      | xpiration<br>ate         | Title  Common Stock | of<br>Shares  | _            | \$0   | 4,843   |   | 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 as follows: 1,211 units on January 29, 2014; 1,211 units on January 29, 2015; 1,211 units on January 29, 2016 and 1,210 units on January 29, 2017.

/s/Robert S Ippolito

01/31/2013

\*\* 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.