Burke Thoma	as										
Form 4											
February 23,	2012										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB AF	OMB APPROVAL	
	• • UNITI	ED STATES					NGE C	COMMISSION	OMB	3235-0287	
Check thi	is box		Washingto	)n, 1	D.C. 20	549			Number:	January 31,	
if no long		FMENT O	F CHANGES I	ANGES IN BENEFICIAL OWNERSHIP OF					Expires: 200		
subject to Section 1	)			SECURITIES					Estimated average		
Form 4 or			Shee						burden hours per response 0.5		
Form 5	Filed	pursuant to S	Section 16(a) of	the	Securit	ies E	Exchange	e Act of 1934,	10000000	0.0	
obligation	ns Section	<b>^</b>					•	1935 or Section	1		
may cont See Instru		30(h)	of the Investme	ent (	Compar	iy Ac	t of 194	10			
1(b).											
(Print or Type R	Responses)										
1 Name and A	ddress of Report	ting Person *	2 Januar Nama	nd '	Tiakar or	Tradi	<b>n</b> <i>a</i>	5. Relationship of	Reporting Pers	son(s) to	
Burke Thom		g I 010011 _	Symbol	suer Name <b>and</b> Ticker or Trading				Issuer			
	PENN NATIONAL GAMING INC [PENN]				INC						
						(Check all applicable)					
(Last)	(First)	(Middle)	3. Date of Earlies	t Tra	insaction			Director	10%	Owner	
			(Month/Day/Year		insuction			Officer (give		er (specify	
825 BERKS		-				below) below) Sr VP-Regional Operations					
	(Street)		4. If Amondment	Dat	o Origina	1					
				I. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
			T neu(wond)/Day/1	car)				_X_ Form filed by C	One Reporting Pe	rson	
WYOMISSI	ING, PA 196	10						Form filed by M Person	lore than One Re	porting	
	(54-4-)	(7:									
(City)	(State)	(Zip)	Table I - No	n-De	erivative	Secur	rities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of		Date 2A. Deer			4. Securi			5. Amount of	6. Ownership		
Security	(Month/Day/Y				(A)  or  D	-		Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(Instr. 3)		any (Month/I		Code (Instr. 3, 4 and 5) av/Year) (Instr. 8)				Owned		Ownership	
		`	<b>,</b> , , ,	<i>.</i>				Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
						or		(Instr. 3 and 4)			
Common			Code	V	Amount	(D)	Price ¢	,			
Common Stock	02/21/2012		F		390	D	\$ 41.97	43,283	D		
STOCK							+1.7/				

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

## Edgar Filing: Burke Thomas - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Burke Thomas 825 BERKSHIRE BLVD SUITE 200 WYOMISSING, PA 19610			Sr VP-Regional Operations					
Signatures								
/s/Robert S Ippolito as attorney-in-fact for Thomas Burke			02/23/2012					
<b>**</b> Signature of Reporting Person			Date					

## **Explanation of Responses:**

\* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.