Edgar Filing: CAESARS ENTERTAINMENT Corp - Form 4

CAESARS Form 4 March 17, 2	ENTERTAINME 2017	NT Corp								
FOR	UNITED	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							PPROVAL 3235-0287 January 31,	
if no lo subject Section Form 4	to STATEN 16. or								2005 average urs per . 0.5	
Form 5 obligations may continue.Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 19401(b).30(h) of the Investment Company Act of 1940										
(Print or Type	e Responses)									
1. Name and Address of Reporting Person <u>*</u> JENKIN THOMAS M			2. Issuer Name and Ticker or Trading Symbol CAESARS ENTERTAINMENT Corp [CZR]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (Aiddle) 3. Date of Earliest Transaction					Director 10% Owner X Officer (give title Other (specify			
ONE CAESARS PALACE DRIVE			(Month/Day/Year) 03/15/2017			below) below) Global Pres Destination Mkts				
	4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person						
LAS VEG	AS, NV 89109						Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V		(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Re	eport on a separate line	e for each cl	ass of sec	urities bene	Perso inform	ns who res nation cont	spond to the colle tained in this form	n are not	SEC 1474 (9-02)	
						ys a curre	ond unless the fo ntly valid OMB co			

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amour
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orDerivative	Expiration Date	Underlying Securit
Security	or Exercise		any	Code	Securities Acquired	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	(A) or Dis (D) (Instr. 3, 4	-				
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sł
Employee stock option (right to buy)	\$ 13.7	03/15/2017		D		37,500	<u>(1)</u>	06/28/2023	Common Stock	37,:
Employee stock option (right to buy)	\$ 9.45	03/15/2017		A	37,500		(1)	06/28/2023	Common Stock	37,:
Employee stock option (right to buy)	\$ 21.18	03/15/2017		D		88,000	<u>(3)</u>	05/07/2024	Common Stock	88,0
Employee stock option (right to buy)	\$ 9.45	03/15/2017		A	88,000		<u>(3)</u>	05/07/2024	Common Stock	88,0

Reporting Owners

Reporting Owner Name / Address			Relationships						
	Director	10% Owner	Officer	Other					
JENKIN THOMAS M ONE CAESARS PALACE DRIVE LAS VEGAS, NV 89109	E Global Pres Destination Mkts								
Signatures									
/s/ Jill Eaton, by Power of Attorney, on behalf of Thomas M. Jenkin 03/17/2017									
<u>**</u> Signature of Reporti	ng Person		Date						
Explanation of Responses:									
* If the form is filed by more than one reporting person, <i>see</i> 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).

(1) Options to purchase shares granted 6/28/2013; 100% vested.

(2) Reflects re-pricing of options; vesting schedules and expiration dates remain the same.

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(3) Options to purchase shares originally awarded 5/07/2014 vest in four equal installments on each of 5/7/2015, 5/7/2016, 5/7/2017, and 5/7/2018.

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.