FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL					
	OMB Number:	3235-0287					
l	Estimated average burd	en					
	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*     Dionne John D.						2. Issuer Name and Ticker or Trading Symbol  CAESARS ENTERTAINMENT Corp [ CZR ]									5. Relationship of Rep (Check all applicable) X Director Officer (give			ing Person(s) to Issuer  10% Owner  Other (specify		
(Last) (First) (Middle) ONE CAESARS PALACE DRIVE C/O CAESARS ENTERTAINMENT							3. Date of Earliest Transaction (Month/Day/Year) 04/02/2018									belov			pelow)	
(Street) LAS VEGAS NV 89109 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
		Tabl	e I - Non	-Deriv	ative	Se	curitie	s Ac	quired,	Disp	osed o	f, or	Bene	eficia	ally (	Owne	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr. 5)		ities Acquired (A d Of (D) (Instr. 3,			4 and Secu		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	Amount	(4	A) or D)	Price	•	Transa	action(s) 3 and 4)							
Common	Stock	2/2018				A		3,588	3	A \$0		0	3,588		D					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	ive Conversion Date Execution Day or Exercise (Month/Day/Year) if any		Date, y/Year)	Code (Instr.		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration (Month/Da	Date Exercisable and Expiration Date Month/Day/Year)  Date Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares				9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form Direct or Ind (I) (Ins	(D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

**Explanation of Responses:** 

Remarks:

/s/ Jill Eaton, by Power of Attorney, on behalf of John D. 04/04/2018 **Dionne** 

\*\* 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.