FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| l | OMB APPRO                | VAL       |  |  |  |  |  |  |  |  |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
|   | OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |
| l | Estimated average burden |           |  |  |  |  |  |  |  |  |
| l | 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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*  TOMICK DAVID P     |   |  |   |          |       | 2. Issuer Name <b>and</b> Ticker or Trading Symbol Eldorado Resorts, Inc. [ ERI ] |  |                                 |   |            |  |  |                                   |                       | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)            |  |                                   |  |  |  |
|--|---|--|---|----------|-------|---|--|---------------------------------|---|------------|--|--|-----------------------------------|-----------------------|--|--|-----------------------------------|--|--|--|
| TOMIC  | LK DAVI   |  |   |          |       |   |  |                                 |   |            |  | X Director   |                                   |                       | 10% (  | Owner  |                                   |  |  |  |
| (Last)   | (Fii  |  | 3. Date of Earliest Transaction (Month/Day/Year) 05/24/2016 |          |       |   |  |                                 |   |            |  | Officer (give title below)   |                                   |                       | Other<br>below   | (specify<br>)  |                                   |  |  |  |
|  |   | 4 If                                       | 4. If Amandment, Data of Original Filed (Manth/Day/Mass)    |          |       |   |  |                                 |   |            |  | 6. Individual or Joint/Group Filing (Check Applicable  |                                   |                       |  |  |                                   |  |  |  |
| (Street) RENO NV 89501                                       |   |  |   |          |       | 4. If Amendment, Date of Original Filed (Month/Day/Year)                          |  |                                 |   |            |  |  |                                   |                       | Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting |  |                                   |  |  |  |
| (City)   | (St   | ate) (                                     | Zip)  |          |       |   |  |                                 |   |            |  |  |                                   |                       | Pers   | SON  |                                   |  |  |  |
|  |   | Tabl                                       | e I - No  | on-Deriv | ative | Sec   | uritie   | s Ac                            | quired                                  | , Dis      | sposed o   | f, or I  | 3ene                              | ficially              | / Own  | ed   |                                   |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day |   |  |   |          |       | Execution Date,   |  |                                 | 3.<br>Transaction<br>Code (Instr.<br>8) |            | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4, 5) |  |                                   | or<br>4 and           |  | ies<br>cially<br>Following   | Forn<br>(D) o                     | n: Direct<br>or Indirect<br>nstr. 4)                                     | 7. Nature of Indirect Beneficial Ownership                         |  |
|  |   |  |   |          |       |   | Code   | v                               | Amount                                  | (A)<br>(D) | or Pi  | ice  |                                   | action(s)<br>3 and 4) |  |  | (Instr. 4)                        |  |  |  |
| Common Stock 05/24/  |   |  |   |          |       | 016   |  |                                 | P                                       |            | 7,400  | A \$13   |                                   | 13.55                 | 7,400  |  |                                   | I  | By David<br>P. Tomick<br>Revocable<br>Trust                        |  |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned  (e.g., puts, calls, warrants, options, convertible securities) |  |   |          |       |   |  |                                 |   |            |  |  |                                   |                       |  |  |                                   |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)          | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security   | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deer<br>Execution<br>if any<br>(Month/I                 |          |       |   | 5. Nu<br>of<br>Deriv<br>Secu<br>Acqu<br>(A) or<br>Dispo<br>of (D)<br>(Instr<br>and 5 | ative<br>rities<br>ired<br>osed | 6. Date<br>Expirati<br>(Month/          | on Da      |  | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr<br>and 4) |                                   | De<br>Se<br>(In       | Price of<br>rivative<br>curity<br>str. 5)  | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ow<br>For<br>Dir<br>or I<br>(I) ( | 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) |  |
|  |   |  |   |          | Code  | v   | (A)  | (D)                             | Date<br>Exercisa                        | able       | Expiration<br>Date   | Title  | Amou<br>or<br>Numl<br>of<br>Share | oer                   |  |  |                                   |  |  |  |

Explanation of Responses:

/s/ Anthony L. Carano, by power of attorney

05/24/2016

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.