## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

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*  JENKIN THOMAS M					2. Issuer Name <b>and</b> Ticker or Trading Symbol  CAESARS ENTERTAINMENT Corp [ CZR ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specif				
(Last) (First) (Middle) ONE CAESARS PALACE DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 02/20/2020									A below) below)  Global Pres Destination Mkts				
(Street)  LAS VEO			89109 (Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								5. Individual or Joint/Group Filing (Check Applicable .ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			(A) or 3, 4 aı	nd Seci Ben Owr	mount of irities eficially ed Following orted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect					
										v	Amount	() ()	A) or O)	Price	Tran	saction(s) r. 3 and 4)	action(s)	
Common Stock 02/20/				0/2020	2020			A		17,619	(1)	Α	\$	0 9	901,816 <sup>(2)</sup>			
Common Stock 02/20				)/2020	/2020			A		27,855	(3)	A	\$	929,671 <sup>(2)</sup>		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)  2. Conversior or Exercise Price of Derivative Security		rcise (Month/Day/Year) f tive	3A. Deemed Execution Date, if any (Month/Day/Year	n Date,	4. Transaction Code (Instr. 8)		n of Deriv Secu Acqu (A) o Disp of (D (Inst	5. Number of Expiration Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		n Dat	e	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	8. Price o Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Nun of Sha					

## **Explanation of Responses:**

- 1. Represents stock units earned on February 20, 2020 pursuant to the terms of the performance stock units granted on March 28, 2019 based on meeting certain performance criteria for calendar year 2019 (the "Annual Performance Period"). The stock units will vest on March 28, 2020 immediately following the Annual Performance Period.
- $2. \ Includes \ shares \ of \ Common \ Stock \ beneficially \ owned \ and \ unvested \ RSUs \ previously \ granted \ and \ reported.$
- 3. Represents stock units earned on February 20, 2020 pursuant to the terms of the performance stock units granted on April 2, 2018 based on meeting certain performance criteria for calendar year 2019 (the "Annual Performance Period"). The stock units will vest on April 2, 2020 immediately following the Annual Performance Period.

## Remarks:

<u>/s/ Jill Eaton, by Power of</u>

Attorney, on behalf of Thomas 02/24/2020

M. Jenkin

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.