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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

1. Name and Address of Reporting Person* 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) (Middle) ONE CAESARS PALACE DRIVE 3. Date of Earliest Transaction (Month/Day/Year) 0/ficer (give title below) Other (specify below) (Street) LAS VEGAS NV 89109 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) (City) (State) (Zip) (Zip) Form filed by More than One Reporting Person			
(Last) (First) (Middle) ONE CAESARS PALACE DRIVE 3. Date of Earliest Transaction (Month/Day/Year) See Remarks (Street) 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) LAS VEGAS NV 89109 Form filed by One Reporting Person	1 0	8,	(Check all applicable) Director 10% Owner Officer (give title Other (specify
(Street) Line) Line) LAS VEGAS NV 89109			, , , ,
	LAS VEGAS NV 89109	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

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)			4. Securities A Disposed Of (I			Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(11311 4)
Common Stock	10/06/2017		A		260,129 ⁽¹⁾	Α	\$0.00	580,955 ⁽²⁾	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. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Represents the grant of Restricted Stock Units, each of which represent the contingent right to receive one share of Common Stock.

2. Includes shares of Common Stock beneficially owned and unvested Restricted Stock Units previously granted and reported.

Remarks:

EVP, Chief Financial Officer and Treasurer

/s/ Jill Eaton, Attorney-in-Fact, 10/11/

10/11/2017

** Signature of Reporting Person Date

on behalf of Eric A. Hession

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.