FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		
	Estimated average burden			

Check this box if no longer subject	;
to Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(h)	

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* <u>Jones Josh</u>					2. Issuer Name and Ticker or Trading Symbol Caesars Entertainment, Inc. [ CZR ]									k all app Direc	licable) tor	Ü	erson(s) to Is	wner	
(Last) 100 W. I	(Fir	st) (I T., 12TH FLOO	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/20/2024								X	belov	er (give title v) hief Mark		Other (below)  g Officer	specify	
(Street) RENO	NV		9501		4. If <i>I</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	ate) (2	Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										nded to				
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)				tion 2A. Deemed Execution Date,			3. 4. Securitie Transaction Disposed C Code (Instr. 5)		s Acqui	red (A	A) or 5. Am Secur Benet Owne		unt of ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
Common Stock <sup>(1)</sup>				02/20/2	2024				Code	v	Amount 1,407	(A) o (D)	r <sub>Pr</sub>	ice \$0	(Instr. 3	rted saction(s) . 3 and 4)		D	(Instr. 4)
			02/20/2	<u> </u>			F		554	D	\$	41.65	1	2,059		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)	Derivative Conversion Date Execution Date, Tr Security or Exercise (Month/Day/Year) if any Co				Transaction of Code (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: y Direct (D) or Indirec (I) (Instr. 4		11. Nature of Indirect Beneficial Ownershij (Instr. 4)		
					or Nu Date Expiration of					Amou or Numb of Share	er								

## **Explanation of Responses:**

1. The restricted stock units were granted on January 29, 2021, pursuant to the Amended and Restated 2015 Equity Incentive Plan, subject to achievement of specified performance objectives. The level at which such restricted stock units were determined to have been achieved, as reported on this Form 4, was determined by the Board of the Issuer effective with the filing of the annual report on Form 10-K on February 20, 2024. Pursuant to the terms of the grant, the earned restricted stock units immediately vested and settled in common stock, on a one-for-one basis.

## Remarks:

/s/ Jill Eaton, by power of <u>attorney</u> \*\* Signature of Reporting Person

02/22/2024

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.