FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
-------------	------------

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* KORNSTEIN DON R						2. Issuer Name and Ticker or Trading Symbol Caesars Entertainment, Inc. [CZR]									elationship eck all app K Direc	,	ng Pei	rson(s) to Is	
(Last) (First) (Middle) 100 WEST LIBERTY STREET, SUITE 1150						3. Date of Earliest Transaction (Month/Day/Year) 07/20/2020										Officer (give title below)		Other (below)	specify
(Street) RENO (City)	N\ (Sta	ate) (Z	9501 Zip)	n Doriva	4. If Amendment, Date of Original Filed (Month/Day/Year)							,	Line	Form Perso		e Rep	orting Pers	on	
		Table	1 - NO	II-Deliva	uive	Secu	nues	ACQ	uireu,	, DIS	poseu oi	, 01 1	Sene	IICIa	U OWII	eu	_		
Date			2. Transac Date (Month/Da	Executio y/Year) if any			ution Date,		3. 4. Securities Disposed Of Code (Instr. 8)					5. Amo Securi Benefi Owned Report	ties cially I Following	Forn (D) c	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount (A) or)	Price	Transa	ction(s) 3 and 4)			(iiisti. 4)
Common Stock 0			07/20/2	2020				A		27,725(1)((2) A		(1)	27,725			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	ise (Month/Day/Year) if any (Month/Day/Year)		Code (8)	ransaction of Code (Instr. Derivation		vative irities ired r osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		str.	8. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

1. On July 20, 2020, pursuant to that certain Agreement and Plan of Merger, dated as of June 24, 2019 (as amended by Amendment No. 1 to Agreement and Plan of Merger, dated as of August 15, 2019, the "Merger Agreement"), by and among Caesars Entertainment Corporation ("Old Caesars"), Eldorado Resorts, Inc. ("Eldorado") and Colt Merger Sub, Inc., a wholly owned subsidiary of Eldorado ("Merger Sub"), Merger Sub merged with and into Old Caesars, with Old Caesars continuing as the surviving corporation and a wholly owned subsidiary of Eldorado (the "Merger"). At the effective time of the Merger, Eldorado changed its name to Caesars Entertainment, Inc. ("New Caesars"). Pursuant to the Merger Agreement, the reporting person received the number of shares of New Caesars common stock reported above and an amount in cash (based on the cash election consideration of approximately \$12.41) in exchange for 123,383 shares of Old Caesars common stock.

2. For purposes of filing this Form 4, the number of shares of New Caesars common stock is estimated based on the reporting person's election under the Merger Agreement, and will be updated if the final number differs materially from this estimate.

Remarks:

/s/ Jill Eaton by power of 07/22/2020 attorney

** 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.