## Edgar Filing: CAESARS ENTERTAINMENT Corp - Form 4

CAESARS E Form 4 March 02, 20	ENTERTAINN 016	/IENT Corp									
FORM										PPROVAL	
	UNITE	D STATES		LITIES A			NGE (	COMMISSION	OMB Number:	3235-0287	
Check thi									Expires:	January 31,	
if no longer subject to STATEMENT OF CHANG				GES IN BENEFICIAL OW				NERSHIP OF	Estimated a	2005 average	
Section 16.				SECUR	ITIES				burden hou		
Form 4 or									response	0.5	
Form 5 obligatior	•						-	ge Act of 1934,			
may conti				•	•	- ·		f 1935 or Sectio	n		
See Instru	iction	30(n)	of the In	vestment	Compan	y Aci	t of 194	40			
1(b).											
(Print or Type R	Responses)										
1. Name and Address of Reporting Person <sup>*</sup> _2. Issuer Name <b>and</b> Ticker or Trading 5. Relationship of I								Reporting Person(s) to			
MORSE ROBERT J Symbol CAESA				-				Issuer			
									1 11 1 11	\ \	
								(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	Earliest Tr	ansaction			Director	10%	Owner	
				onth/Day/Year)				XOfficer (give titleOther (specify below) below)			
ONE CAESARS PALACE DRIVE 02/29/20				-				below) Preside	ty		
(Street) 4. If An				f Amendment, Date Original				· · ·			
				If Amendment, Date Original led(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
T fied(Mon				http://dy/ical)				_X_ Form filed by One Reporting Person			
LAS VEGA	S, NV 89109							Form filed by M Person	Nore than One Re	eporting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ties Aco	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction I			3.				5. Amount of	6. Ownership		
Security	• •		on Date, if		ion(A) or Disposed of				Form: Direct		
(Instr. 3)		any (Month/	Code (D) /Day/Year) (Instr. 8) (Instr. 3, 4 and 5)			· · ·	× /	Beneficial Ownership			
(1410)1111			(1150, 0) $(1150, 0)$ $(1150, 0, 7 and 3)$			Following	(Instr. 4)	(Instr. 4)			
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
~				Code V	Amount	(D)	Price	(msu. 5 and 4)			
Common	02/29/2016			F	9,750	D	\$	199,467 <u>(2)</u>	D		
Stock					(1)		9.04				

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

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 control number.

 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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MORSE ROBERT J ONE CAESARS PALACE DRIVE LAS VEGAS, NV 89109			President of Hospitality				
Signatures							
/s/ Robert Morse, by Jill Eaton, Attorney-in-Fact		03/02/2016					
**Signature of Reporting Person		Date					

## **Explanation of Responses:**

- \* 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).
- (1) Withholding of shares by the Company for tax withholding purposes related to the vesting of previously awarded Restricted Stock Units that vested on 2/29/2016.
- (2) Includes shares of Common Stock beneficially owned and unvested RSUs previously granted and reported.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.