FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average | burden | | | | | | | | |
| hours per response | 9: 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* Demchyk Matthew | | | | 2. Issuer Name and Ticker or Trading Symbol Gaming & Leisure Properties, Inc. [GLPI] | | | | | | | | | ck all appl Direct Office | ionship of Reportin all applicable) Director Officer (give title | | 10% Ov Other (s | wner (specify | | |
|--|--|-------|---|--|---|---|--|----------------------|--|---------------|--------------------|---|---|---|---|--|------------------|----------------------|----|
| | (Last) (First) (Middle) 845 BERKSHIRE BLVD. SUITE 200 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/02/2021 | | | | | | | | 2. | below | w) be P, Chief Investment (| | below) ent Office | er |
| (Street) WYOMISSING PA 19610 (City) (State) (Zip) | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Ind Line) | Form | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Table | I - Noi | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benef | icial | ly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execution Date, | | 3. 4. Securitie Disposed Code (Instr. 8) | | es Acqu Of (D) (I | iired (A nstr. 3, |) or 4 and | Benefic | ties For cially (D) I Following (I) | | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Transac | Transaction(s) | | | | |
| Common Stock 01/02/2 | | | | 2021 | 021 | | | F | | 1,984 | Г | D \$4 | | 40, | 40,823(1) | | D | | |
| Common Stock ⁽²⁾ 01/04/2 | | | | 2021 | | | | A | | 15,000 | A | | \$ <mark>0</mark> | 55 | 55,823 | | 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) | ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Dispo | r osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | tr. | . Price of Perivative ecurity nstr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct (or Indir (I) (Inst | Ownership | Beneficial Ownership ct (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Numb of Share | | | | | | |

Explanation of Responses:

- 1. Includes 605 shares acquired as part of the Company's quarterly dividend paid on December 24, 2020.
- 2. RSA with 3 Year 33% Vest vesting schedule

Remarks:

/s/Matthew Demchyk

01/05/2021

** 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.