FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235		

- 1	_	
	OMB Normale and	2005 2007
	OMB Number:	3235-0287
	Estimated average I	ourden
	hours per response:	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* CARLINO PETER M					2. Issuer Name and Ticker or Trading Symbol Gaming & Leisure Properties, Inc. [GLPI]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
CARLING PETER M															Director		X			
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 01/21/2014								_ 2	X Officer (give title Other (spec below) below)				pecify	
825 BERKSHIRE BLVD, SUITE 400						1/21/2	2014						CEO and President							
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
WYOMI	SSING I	PA	19610												X Form filed by One Reporting Person					
(City)	(State)	(Zip)		_										Form filed by More than One Reporting Person					
		Та	ble I - No	n-Deri	ivativ	ve Se	curi	ities Ac	quired	l, Di	sposed c	of, or	Bene	eficially	/ Owned					
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		rear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		n Disposed	4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			Beneficia Owned F	s Illy ollowing	Form	Direct Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(,	A) or D)	Price	Transacti	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common Stock			01/2	01/21/2014				M		241,59	96 A		\$7.05	2,569	2,569,136		D			
Common Stock		01/2	01/21/2014				F		136,62	24	D	\$36.3	2,432,512		D					
Common Stock													6,905	6,905,874(1)			By a Гrust			
			Table II -								osed of, converti				Owned					
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Executive or Exercise (Month/Day/Year) if any		3A. Deemed Execution D if any (Month/Day/	Date, Transaction					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	0	Amount or Jumber of Shares		(Instr. 4)	on(s)			
Non Qualified Stock Option (right to buy)	\$7.05	01/21/2014	01/21/20:	14 M				241,596	01/29/2	008	01/29/2014	Comn	non 2	241,596	\$0.00	0		D		

Explanation of Responses:

1. Represents shares acquired on November 1, 2013 in a pro rata distribution by PNG. These shares are held by the Carlino Family Trust as to which Peter M. Carlino has sole voting power for certain matters. Mr. Carlino disclaims beneficial ownership of the shares owned by the trust, and this report should not be deemed an admission that Peter M. Carlino is the beneficial owner of such securities for purposes of Section 16 or any other purpose.

Remarks:

/s/Robert S Ippolito as attorney-01/23/2014 in-fact for Peter M. Carlino

** 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.