SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

| Instruction 1(b). | Sontinue. See | Filed | pursuant to Section 16(a) of the Securities Exchange Act of 1934 | | hours per response: 0.5 | | |
|--|-----------------------------|-------|--|----------------------|---|----------------|-----------------------------|
| | | | or Section 30(h) of the Investment Company Act of 1940 | | | | |
| 1. Name and Addres <u>Urdang E Scc</u> | 1 0 | on* | 2. Issuer Name and Ticker or Trading Symbol Gaming & Leisure Properties, Inc. [GLPI] | (Check al | nship of Re I applicable Director | ' | n(s) to Issuer 10% Owner |
| (Last) 845 BERKSHIR | (First) (Middle) E BLVD. | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2022 | | Officer (give below) | | Other (specify below) |
| SUITE 200 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individu Line) | ual or Joint | Group Filing (| Check Applicable |
| (Street) | | | | , | orm filed b | oy One Reporti | ng Person |
| WYOMISSING | PA | 19610 | | | -orm filed b Person | by More than O | ne Reporting |
| (City) | (State) | (Zip) | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | ction | Disposed Of (D) (Instr. 3, 4 and | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|------------------------------|-------|----------------------------------|---------------|---------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 03/01/2022 | | Р | | 5,516 | Α | \$45.37 | 5,516 ⁽¹⁾ | I | By Trusts |
| Common Stock | | | | | | | | 142,076 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security | 2. Conversion or Exercise | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any | 4. Transa Code (| | of Deriv | ımber vative | 6. Date Exerc Expiration Da (Month/Day/Y | 7. Title and Amount of Securities | | Derivative Security | 9. Number of derivative Securities | 10. Ownership Form: | 11. Nature of Indirect Beneficial | |
|---------------------------------------|------------------------------------|--|---|------------------------|---|--------------------|-----------------|--|---|------------|--|---|---------------------------|---|--|
| (Instr. 3) | Price of Derivative Security | | (Month/Day/Year) | 8) | | Acquired (A) or | | Underlying Derivative Security (Instr. 3 and 4) | | (Instr. 5) | Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Represents shares held in two trusts for the benefit of members of the reporting person's immediate family. The reporting person is the trustee of one trust and the reporting person's spouse is the trustee of the other trust.

Remarks:



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.

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

** Signature of Reporting Person

03/02/2022

Date