SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

OMB Number: 3235-0104 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 <sup>*</sup> Demchyk Matthew		2. Date of Event       3. Issuer Name and Ticker or Trading Symbol         Requiring Statement       Gaming & Leisure Properties, Inc. [ GLPI ]         02/04/2019				]			
(Last) (First) 845 BERKSHIRE BLVD.	(Middle)			4. Relationship of Reporting Perso (Check all applicable) Director	10% Owne	r (Mo	5. If Amendment, Date of Original Filed (Month/Day/Year)		
SUITE 200				X Officer (give title below)	Other (spec below)	App	6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street) WYOMISSING PA	19610			SVP, Investme	ents	2		y One Reporting Person y More than One erson	
(City) (State)	(Zip)								
	т	able I - Non	-Derivati	ive Securities Beneficiall	y Owned				
1. Title of Security (Instr. 4)				Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock				0	D				
Common Stock	(e.ç			0 e Securities Beneficially nts, options, convertible	Owned	\$)			
Common Stock 1. Title of Derivative Security (Instr			s, warrar isable and ite	e Securities Beneficially nts, options, convertible	Owned securities	4. Conversion or Exercise	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
		J., puts, call 2. Date Exerc Expiration Da	s, warrar isable and ite	e Securities Beneficially Ints, options, convertible 3. Title and Amount of Securi Underlying Derivative Securi	Owned securities	4. Conversion	Ownership	Beneficial Ownership	

Remarks:

<u>/s/Matthew Demchyk</u>

<u>02/05/2019</u> Date

\*\* Signature of Reporting Person

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 5 (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.