FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

1. Name and Address of Reporting Person*

CLIFFORD WILLIAM J

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

10% Owner

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Gaming & Leisure Properties, Inc. [GLPI]

2. Issuer Name and Ticker or Trading Symbol

					_ L										Officer	(give title		Other (s	necify	
(Last) (First) (Middle) 825 BERKSHIRE BLVD, SUITE 400							3. Date of Earliest Transaction (Month/Day/Year) 11/11/2014								X Officer (give title Offier (specify below) Sr VP-Chief Financial Officer					
(Street) WYOMISSING PA 19610					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								5. Indivi Line)	dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting				1	
(City)		State)	(Zip)												Person		е шап опе кероп		ting	
		Tak	le I - Noi	n-Deri	vativ	e Se	curit	ies Ac	quired,	Dis	posed o	f, or Be	nefic	ally (Owned					
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year		ear)	2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			ınd	5. Amour Securitie Beneficia Owned F	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) o (D)	r Pric	- 1	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common stock ⁽¹⁾				11/11/2014		4			М		82,800	0 A	\$1	\$16.96		97,504		D		
Common stock ⁽¹⁾				11/11/2014		4			S		82,800	0 D	\$3	\$31.75		4,704		D		
Common	stock ⁽¹⁾			11/1	2/201	4			M		17,200	0 A	\$1	5.96	231	,904		D		
Common stock ⁽¹⁾ 11/				11/1	12/2014				S		17,200	0 D	\$3	1.86	214,704		D			
			Table II -						uired, D , option						wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transa Code (8)		5. Number of		6. Date Exercisa Expiration Date (Month/Day/Yea			of Securi Underlyir Derivativ	7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amou or Numb of Share	er						
Non- Qualified Stock Options (right to buy) ⁽¹⁾	\$16.96	11/11/2014			М			82,800	01/06/200	7 0	1/06/2015	Common stock	82,80	00	\$0.00	213,665	5	D		
Non- Qualified Stock Option (right to buy) ⁽¹⁾	\$16.96	11/12/2014			М			17,200	01/06/200	8 0	1/06/2015	Common Stock	17,20	00	\$0.00	196,465	5	D		

Explanation of Responses:

1. The transactions set forth on this Form 4 were made pursuant to a stock trading plan executed by Mr. Clifford on October 31, 2014 established pursuant to Rule 10b5-1. The options exercised were originally granted January 6, 2006 and were set to expire January 6, 2015.

Remarks:

/s/William J. Clifford

11/13/2014

** 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.