FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL				
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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*  Lynton Carol  2. Date of Ever Requiring State (Month/Day/Ye 12/27/2019		3. Issuer Name and Ticker or Trading Symbol Gaming & Leisure Properties, Inc. [ GLPI ]			
(Last) (First) (Middle 845 BERKSHIRE BLVD.		4. Relationship of Reporting (Check all applicable)  X Director	Person(s) to Issuer	5. If Amendment, Date of Original Filed (Month/Day/Year)	
SUITE 200		Officer (give title below)	Other (specify below)	6. Individual or Joint/Group Filing (Check Applicable Line)	
(Street) WYOMISSING PA 19610	)			X Form filed by One Reporting Person  Form filed by More than One Reporting Person	
(City) (State) (Zip)					
	Table I - Non-De	erivative Securities Benefi	cially Owned		
1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock	0	D			
		vative Securities Beneficia warrants, options, convert			
1. Title of Derivative Security (Instr. 4) 2. Date Expirar (Month		3. Title and Amount of S Underlying Derivative Se	ecurity (Instr. 4) Conve	ercise Form: (Instr. 5)	
	Date Ex Exercisable Da	piration te Title	Amount or Number of Shares	ative or Indirect	

Explanation of Responses:

Remarks:

/s/Carol Ruth Lynton 01/03/2020

\*\* 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 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.