## Edgar Filing: Causey Keith - Form 4

Causey Keith Form 4											
November 14	, 2017										
<b>FORM</b> Check this if no longe	RITIES AND EXCHANGE COMMISSION shington, D.C. 20549						PPROVAL 3235-0287 January 31, 2005				
<b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</b> Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). <b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</b> <b>SECURITIES</b> Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940						burden hou response	Estimated average burden hours per response 0.5				
(Print or Type R	esponses)										
Causey Keith Symbol CAESA			Symbol					5. Relationship of Reporting Person(s) to Issuer			
			CAESARS ENTERTAINMENT Corp [CZR]				Т	(Check all applicable)			
ONE CAESARS PALACE DRIVE (M (Street) 4.2			(Month/D	3. Date of Earliest Transaction (Month/Day/Year) 11/11/2017				Director      10% Owner        XOfficer (give title      Other (specify below)         below)       below)         SVP & Chief Accounting Officer			
				4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
LAS VEGAS	S, NV 89109							Form filed by M Person	More than One Re	eporting	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Acq	uired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	action Date 2A. Deemed (Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or			d of 5)	SecuritiesHBeneficially(OwnedH	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	11/11/2017			Code V F	Amount 2,149 (1)	(D) D	Price \$ 12.5	209,424 (2)	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

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

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of
Derivative Conversion (		(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration Date		Amou	int of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)
	Derivative				Securities			(Instr.	3 and 4)	
	Security				Acquired					
					(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
									Amount	
									or	
						Date	Expiration	Title	Number	
					E	Exercisable	Date	inte	of	
				Code V	(A) (D)				Shares	
				Cout V	$(\mathbf{D})$				Shares	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
1 0	Director	10% Owner	Officer	(				
Causey Keith ONE CAESARS PALACE DRIVE LAS VEGAS, NV 89109			SVP & Chief Accounting Officer					
Signatures								
/s/ Jill Eaton, by Power of Attorney, o Causey	11/14/2017							
<u>**</u> Signature of Reporting Per	Date							
<b>Explanation of Respo</b>	nses	5:						

- \* 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).
- (1) Withholding of shares by the Company for tax withholding purposes related to the vesting of previously awarded Restricted Stock Units that vested on 11/11/2017.
- (2) Includes shares of Common Stock beneficially owned and unvested RSUs previously granted and reported.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr

Other