

**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* <u>Chau On</u> <hr/> (Last) (First) (Middle) ROOM 2506, PACIFIC PLACE APARTMENTS PACIFIC PLACE, 88 QUEENSWAY, CENTRAL <hr/> (Street) HONG KONG K3 00000 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 10/11/2021	3. Issuer Name and Ticker or Trading Symbol <u>Playtika Holding Corp. [ PLTK ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 01/27/2021
6. Individual or Joint/Group Filing (Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person			

**Table I - Non-Derivative Securities Beneficially 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	81,810,506	I	See footnotes <sup>(1)(2)(3)</sup>

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person* <u>Chau On</u> <hr/> (Last) (First) (Middle) ROOM 2506, PACIFIC PLACE APARTMENTS PACIFIC PLACE, 88 QUEENSWAY, CENTRAL <hr/> (Street) HONG KONG K3 00000 <hr/> (City) (State) (Zip)
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1. Name and Address of Reporting Person* <u>8th Wonder Corp</u> <hr/> (Last) (First) (Middle) SUITES 1901-2 & 14, 19TH FLOOR, TOWER 6 THE GATEWAY, HARBOUR CITY, KOWLOON <hr/> (Street) HONG KONG K3 00000 <hr/> (City) (State) (Zip)
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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.**