| SEC Form 4 | |
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| 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) |
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| Instruction 1(b). |

Check this box to indicate that a transaction was made pursuant to a

contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| UNB APPROVAL | | | | | | | | | |
|-----------------------|-----------|--|--|--|--|--|--|--|--|
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| Estimated average but | urden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| intended to sat | tisfy the affirmative tions of Rule 10b5- uction 10. | | | |
|---|--|------------------|--|---|
| 1. Name and Add Abrahams (| 1 0 | Person* | 2. Issuer Name and Ticker or Trading Symbol Playtika Holding Corp. [PLTK] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify |
| (Last) C/O PLAYTIK HACHOSHLI | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 09/15/2024 | below) below) President and CFO |
| (Street) HERZLIYA PITUACH (City) | L3 (State) | 4672408 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person |
| | | Table I. New Dec | the first of a solution of the | · |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Disposed Of 5) | | | Securities Beneficially | Form: Direct | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|------------------------------|---|------------------------------------|---------------|--------|------------------------------------|--------------|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 09/15/2024 | | F | | 16,218 | D | \$7.56 | 765,954 | D | |

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

| | | | (0.9.) P | , | | | , | | | | | , | | | |
|---|---|--|---|------------------------------|---|-------------|---------------------------|--|--------------------|---|---|---|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriv | r osed) r. 3, 4 | 6. Date Exerc Expiration Da (Month/Day/Y | ate | 7. Titl Amou Secur Unde Deriv Secur 3 and | unt of rities rlying ative rity (Instr. | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

Remarks:

/s/ Michael Cohen, as attorney

Abrahams

in fact for Craig Justin 09/16/2024

** 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.