FORM 4

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

Washington,	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APPROVAL										
OMB Number: 3235-02										
Estimated average burden										
hours per response:	0.5									

	tion 1(b).			Filed							ies Exchan mpany Act		f 1934			nours	s per resp	Jonse:	0.5
Name and Address of Reporting Person*     Cohen Michael Daniel				2. Issuer Name <b>and</b> Ticker or Trading Symbol Playtika Holding Corp. [ PLTK ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify below)  Chief Legal Officer								
(Last) (First) (Middle) C/O PLAYTIKA LTD.				3. Date of Earliest Transaction (Month/Day/Year) 09/15/2023															
HACHOSHLIM ST 8				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person								
(Street) HERZLIYA PITUACH L3 4672408			8								Form filed by More than One Report								
(City)		ate) (2	Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										nded to				
		Table	I - No	n-Deriva	tive S	Secui	rities A	4cq	uired,	Dis	posed o	f, or B	enefi	cially	/ Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution Date,			Transaction Disposed Code (Instr. 5)		ies Acquired (A Of (D) (Instr. 3,			5. Amount of Securities Beneficially Owned Following Reported		Form: Direct		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) ( (D)	Prio	e	Transa	action(s) . 3 and 4)			(Instr. 4)	
Common Stock 09/1			09/15/2	.023				F		12,561	D	\$1	0.45	45 560,996		] 1	D		
		Tal	ble II -	Derivati (e.g., pu											Owne	d			
Security or Exercise (Month/Day/Year) if any		4. 5. Number of Code (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title Amou Secur Under Deriva Secur 3 and	nt of ities lying ative ity (Insti	De See (In:	Price of rivative curity str. 5)			0. wnership orm: irect (D) r Indirect ) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					

Date

Exercisable

(D)

Expiration Date

**Explanation of Responses:** 

Remarks:

/s/ Michael Daniel Cohen

09/18/2023

\*\* Signature of Reporting Person

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.