FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See 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 intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(0). 5	ee Instruction 1	0.																	
Name and Address of Reporting Person* Vanke Troy J				2. Issuer Name and Ticker or Trading Symbol Playtika Holding Corp. PLTK 5. Relationship of Reporting Person(s) to (Check all applicable)							, ,								
vanke	<u>110 y </u>									_	_				Direc			10% Ov	
				_										_	belov	er (give title v)		Other (s below)	spесіту
l ` ′	(Last) (First) (Middle) C/O PLAYTIKA LTD.				3. Date of Earliest Transaction (Month/Day/Year) 10/15/2024								Chief Accounting Officer						
					10/1	3,202	•												
HACHOSHLIM ST 8																			
(Obj 4)			_	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) HERZLI	YA															i filed by On	e Ren	ortina Perso	on
PITUAC	13	4	672408													filed by Mo		•	
-				l											Pers				Ĭ
(City)	(St	ate) (2	<u>Z</u> ip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac					ction 2A. Deemed 3. 4. Securities Acquired (A Execution Date, Transaction Disposed Of (D) (Instr. 3			(A) o	A) or 5. Amount of Securities				7. Nature of Indirect						
Date (Month/Da				ay/Year) if any C				Code (Instr. 5)			. 3, 4 6	Benefi Owned	cially I Following	(D) o	r Indirect str. 4)	Beneficial Ownership			
									Code	v	Amount	ount (A) or P		Price		ed ction(s) 3 and 4)		(Instr. 4)	
Common Stock 10/15/)/15/2.	/2024			F		504	1	D	\$7	- `	 		D			
Common Stock 10/13/.																			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of	2.	3. Transaction	3A. Deemed		<u> </u>	-	_	mber			sable and	_	itle an		8. Price of	9. Number	of	10.	11. Nature
Derivative Conversion Security or Exercise		Date (Month/Day/Year)	Execution Dat	tion Date, Ti		Transaction Code (Instr.		of Derivative		Expiration Date Amount of (Month/Day/Year) Securities				Derivative Security	derivative Securities		Ownership Form: Direct (D)	of Indirect Beneficial	
(Instr. 3) Price of (Mon			(Month/Day/Y			8)		Securities		Und			Jnderlying		(Instr. 5)	Beneficiall Owned		у	Ownership
	Derivative Security					Acquired (A) or		Derivativ Security			urity (Following		or Indirect (I) (Instr. 4)	(Instr. 4)		
							Disposed of (D)		l l			3 ar	3 and 4)			Reported Transaction(s	n(s)		
							(Instr. 3, 4 and 5)								(Instr. 4)				
				 							Amo		ount						
													or Nu	nber					
					Code V		(A) (D)		Date Exercisa	_{able}	Expiration Date	Title	of	res					
1	I	I.		- 1		*	1 '''	`-'				1	- J	•••	I	1			1

Explanation of Responses:

Remarks:

/s/ Michael Cohen, as attorney 10/16/2024

in fact for Troy J. Vanke ** 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.