Edgar Filing: McCool James D - Form 4

Form 4 August 27, 2008											
								OMB A	OMB APPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires: Estimated a burden hou response	rs per		
abligations	7(a) of the		lity Hold	ing Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40	·	0.0		
(Print or Type Responses)											
McCool James D Sy			2. Issuer Name and Ticker or Trading Symbol SCHWAB CHARLES CORP				5. Relationship of Reporting Person(s) to Issuer				
		[SCHW]					(Chec	ck all applicable	e)		
C/O THE CHARLES SCHWAB CORPORATION, 120 KEARNY			of Earliest Transaction h/Day/Year) /2008				Director 10% Owner XOfficer (give title Other (specify below) EVP - Corp & Retirement Svcs.				
STREET											
(Street)	ndment, Date Original th/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person						
SAN FRANCISCO, CA 9	4108						Form filed by M Person	More than One Re	eporting		
(City) (State)	(Zip)	Table	I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
	2. Transaction Date 2A. Dec (Month/Day/Year) Executi any (Month		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A)			SecuritiesIBeneficially0OwnedIFollowing0Reported1	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
			Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)				
Common 08/26/2008 Stock			G	3,000	D	\$0	81,943.21 <u>(1)</u>	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 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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
McCool James D C/O THE CHARLES SCHWAB CORPORATION 120 KEARNY STREET SAN FRANCISCO, CA 94108			EVP - Corp & Retirement Svcs.				
Signatures							

Jane E. Fry, 08/27/2008 Attorney-in-fact

**Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- The reporting person also has an indirect beneficial ownership interest in 8,353.27 shares held by a 401(k) and 4,857 shares held by an (1) ESOP.

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.

Exhibit No.

10.1

Description

Second Amended and Restated Restructuring Support and Forbearance Agreement, dated as of January 9, 2015, among Caesars Entertainment Operating Company, Inc., on behalf of itself and the subsidiary loan parties party thereto, Caesars Entertainment Corporation, LeverageSource III (H Holdings), L.P., LeverageSource V, L.P. and each of the holders of First Lien Bond Claims party thereto.