Edgar Filing: MCDUFFIE ANTHONY D - Form 4

| MCDUFFIE Form 4 January 03, 2 | ANTHONY D | | | | | | | | | | |
|--|--|------------------|--|--|--|---|------------------------------|--|--|--------------|--|
| FORM 4 UNITED STATES SECURI Wash Check this box if no longer subject to STATEMENT OF CHANC | | | | GES IN 1 GES IN 1 SECUR 6(a) of the illity Hold | D.C. 20 BENEF ITIES e Securit ling Con | 549 ICIA ies E ipany | LOWI Exchange y Act of | NERSHIP OF e Act of 1934, 7 1935 or Section | OF Estimated average burden hours per response 0.5 | | |
| (Print or Type R 1. Name and A MCDUFFIE | 2. Issuer Name and Ticker or Trading Symbol HARRAHS ENTERTAINMENT | | | | - | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| (Last) (First) (Middle) | | | INC [HET] 3. Date of Earliest Transaction (Month/Day/Year) 01/01/2007 | | | | | Director 10% Owner X Officer (give title Other (specify below) below) SVP, Controller and CAO | | | |
| | | | | iled(Month/Day/Year) App _X | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) (| Zip) | Table | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution any | ned | 3. Transactic Code | 4. Securi m(A) or Di (Instr. 3, | ties A spose | cquired d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of | |
| Common Stock | 01/01/2007 | 01/01/2 | 007 | F <u>(1)</u> | 5,426 | D | \$ 82.72 | 16,982 | D | | |
| Common Stock | | | | | | | | 23 | Ι | 401(k) (2) | |

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.

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

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | Date | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Own 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 | | | | |
| MCDUFFIE ANTHONY D | | | SVP, | | | | | |
| ONE CAESARS PALACE DRIVE | | | Controller | and | | | | |
| LAS VEGAS, NV 89109 | | | CAO | | | | | |
| Signatures | | | | | | | | |
| Anthony D. McDuffie by Angela P. Wi attorney-in-fact | nter, | (|)1/03/2007 | | | | | |
| <u>**</u> Signature of Reporting Person | | | Date | | | | | |

**Signature of Reporting Person

Explanation of Responses:

- 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).
- Payment of exercise price or tax liability by delivering or withholding securities incident to the receipt, exercise or vesting of a security (1)issued in accordance with Rule 16b-3.
- Held by the Trustees of the Harrah's Entertainment, Inc. Savings and Retirement Plan. Holdings reported as of January 3, 2007 and (2) rounded to nearest share.

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.