FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number:	3235- 0104						
Estimated average burden							
hours per response:	0.5						

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

IAC/InterActiveCorp		Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 08/06/2020 3. Issuer Name and Ticker or Trading Symbol MGM Resorts International [MGM]							
(Street) NEW YORK	(First) 18TH STRE NY	10011	-		4. Relationship of Reporting Issuer (Check all applicable) Director Officer (give title below)	₹ 10% C) wner (specify	File 6. Ir	d (Month/Day/ ndividual or Jo eck Applicable Form filed I Person	int/Group Filing e Line) by One Reporting by More than One
(City)	(State)	(Zip)								
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)			Į į	2. Amount of Securities Beneficially Owned (Instr. 4)	Form: I (D) or I			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock, par value \$0.01				49,328,117	I	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
´` ' E		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of S Underlying Derivative So (Instr. 4)	curity Convers		cise Form:	Ownership Form:	Ownership (Instr.	
					Amount or	Price of Derivative Security		Direct (D) or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

Tanya M. Stanich,
Assistant Secretary

08/10/2020

** 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 5 (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.