1. Name and Address of Reporting Person*  
   IAC/InterActiveCorp  
   (Last) (First) (Middle)  
   555 WEST 18TH STREET  
   (Street)  
   NEW YORK NY 10011  
   (City) (State) (Zip)

2. Date of Event Requiring Statement (Month/Day/Year)  
   08/06/2020

3. Issuer Name and Ticker or Trading Symbol  
   MGM Resorts International [ MGM ]

4. Relationship of Reporting Person(s) to Issuer  
   (Check all applicable)  
   Director X  
   10% Owner  
   Officer (give title below)  
   Other (specify below)

5. 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  
   Form filed by More than One Reporting Person

### Table I - Non-Derivative Securities Beneficially Owned

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 4)</th>
<th>2. Amount of Securities Beneficially Owned (Instr. 4)</th>
<th>3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</th>
<th>4. Nature of Indirect Beneficial Ownership (Instr. 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock, par value $0.01</td>
<td>49,328,117</td>
<td>D</td>
<td></td>
</tr>
</tbody>
</table>

### Table II - Derivative Securities Beneficially Owned  
(e.g., puts, calls, warrants, options, convertible securities)

<table>
<thead>
<tr>
<th>1. Title of Derivative Security (Instr. 4)</th>
<th>2. Date Exercisable and Expiration Date (Month/Day/Year)</th>
<th>3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)</th>
<th>4. Conversion or Exercise Price of Derivative Security</th>
<th>5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</th>
<th>6. Nature of Indirect Beneficial Ownership (Instr. 5)</th>
</tr>
</thead>
</table>

Explaination of Responses:

Tanya M. Stanich,  
Assistant Secretary  
08/10/2020

** 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 5 (b)(v).


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.