UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

1 1															
1. Name and Address of Reporting Person * THOMAS CRAIG W			2. Issuer Name and Ticker or Trading Symbol FULL HOUSE RESORTS INC [FLL]					5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner						
(Last) (First) (Middle) C/O FULL HOUSE RESORTS, INC., 4670 S. FORT APACHE ROAD, SUITE 190			3. Date of Earliest Transaction (Month/Day/Year) 05/22/2015					-	Office	er (give title belo	ow)	Other (specify b	elow)		
(Street) LAS VEGAS, NV 89147				4. If Amendment, Date 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					
(City		(State)	(Zip)	Table I - Non-Derivative Securities					Acquii	quired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)		D	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any	if Coo (Ins	ransac le str. 8)	(A) or	4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		Beneficia Reported	Amount of Securities eneficially Owned Following eported Transaction(s) nstr. 3 and 4)		Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				(Month/Day/Yea		ode	V Amou	Amount (A) or (D)		(Instr. 3 a					
Commor	Common Stock 05/22/2015		5/22/2015			P	10,00	10,000 A	522,	522,326					
4					ownea		y or indirect Persons w	-	d to t	he collec	ction of inf	formation	SEC	1474 (9-02)	
				Derivative Secur	ities A	t cquire	Persons w contained the form di	tho resporting this for isplays a confidence of, or Benderal	m are curren	not requ itly valid	uired to res	formation spond unle trol numbe	ss	1474 (9-02)	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Ye.	3A. Deemed Execution Data ar)		ities Activarran 5. Num of	ber vative rities iired or osed 0) : 3,	Persons w contained the form di	ho responding this form is plays a configuration of the securities	eficially ities) 7. Tit Amo Unde Secure	not requitly valid y Owned tle and unt of erlying	OMB con 8. Price of	spond unle	of 10. Ownersi Form of Derivati Security Direct (i	11. Natur of Indire Beneficit Ownersh (Instr. 4)	

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
THOMAS CRAIG W C/O FULL HOUSE RESORTS, INC. 4670 S. FORT APACHE ROAD, SUITE 190 LAS VEGAS, NV 89147	X					

Signatures

/s/ Elaine Guidroz, attorney-in-fact	05/26/2015
**Signature of Reporting Person	Date

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).

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.