## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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

Print or Ty	pe Response	s)													
1. Name and Address of Reporting Person * Fanger Lewis A.				2. Issuer Name and Ticker or Trading Symbol FULL HOUSE RESORTS INC [FLL]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) (Middle) C/O FULL HOUSE RESORTS, INC., 1980 FESTIVAL PLAZA DRIVE, SUITE 680				3. Date of Earliest Transaction (Month/Day/Year) 03/12/2019							X Officer (give title below) Other (specify below) Sr. VP, CFO and Treasurer				
(Street) LAS VEGAS, NV 89135				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqui							ired, Disposed of, or Beneficially Owned				
(Instr. 3) Date				2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)		4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)		of (D)			ollowing	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
				(Monus Buy) Tour	Code	V	Amour	(A) or (D)	Price	(IIIour D us	,		or Indirect (I) (Instr. 4)	(Instr. 4)	
Common	Stock		03/12/2019			P		5,000	A	\$ 2.15	60,000			D	
								-			y Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Da	e.g., puts, te, if 4. Tra	nsaction de str. 8)	arrants, oj 5.	the forcquired, Dists, options, ber and I (Morvative rities hired		Expiration Date Inth/Day/Year)		ntly valid	OMB conf	=	of 10. Owners: Form of	Ownersh (Instr. 4)
						Disposed of (D) (Instr. 3, 4, and 5)							Transaction(s (Instr. 4)		
				Co	ode V	(A) (D)	Date Exer	*	Expiration Date	<sup>1</sup> Title	Amount or Number of Shares				
Repor	ting O	wners													
						Re	elation	ıships							
Reporting Owner Name / Address				Director 10% Officer							Other				

Sr. VP, CFO and Treasurer

## **Signatures**

Fanger Lewis A.

LAS VEGAS, NV 89135

/s/ Lewis A. Fanger	03/12/2019
**Signature of Reporting Person	Date

C/O FULL HOUSE RESORTS, INC.

1980 FESTIVAL PLAZA DRIVE, SUITE 680

### **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.