# FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average bur	den					
hours per response	0.5					

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. Name and Address of Reporting Person * Fanger Lewis A.				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)  Director X Officer (give title below) Other (specify below)  Sr. VP, CFO and Treasurer					
(Last) (First) (Middle) C/O FULL HOUSE RESORTS, INC., 1980 FESTIVAL PLAZA DRIVE, SUITE 680				3. Date of Earliest Transaction (Month/Day/Year) 05/17/2019												
(Street)				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					
LAS VE	GAS, NV	(State)	(Zip)													
(Cit	у)	(State)	(Zip)			T	able I	- Non-De	rivative S	Securitio	es Acquire	d, Disposed	of, or Benef	icially Owne	d	
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye		2A. Deemed Execution Date, i		Date, if	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D) Ov Tra	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Ownership	7. Nature of Indirect Beneficial			
			(Month/Da		ay/Year)			(A) or			(Instr. 3 and 4)			Direct (D) or Indirect (I)	Ownership (Instr. 4)	
	C41-						Coc	de V	Amount	(D)	Price	,000			(Instr. 4)	
Common	Stock															
		separate line for each	class of securities l	peneficia	ılly ov	wned dire	ctly or	Perso	ns who r					on containe		1474 (9-02)
		separate line for each		- Deriva	ative	Securitie	s Acqı	Perso in this a curr	ns who r form are ently val	e not re lid OME or Bene	equired to 3 control : ficially Ow	respond ι number.		on containe form displa		1474 (9-02)
Reminder:	Report on a s	•	Table II	- Deriva	ative a	Securities	s Acqu	Perso in this a curr uired, Dis options, o	ns who r form are ently val osed of, c onvertibl	e not ro lid OME or Bene le securi	equired to B control of ficially Ow	respond unumber.	inless the	form displa	ys	, ,
	Report on a s	3. Transaction Date (Month/Day/Year)	Table II  3A. Deemed Execution Date, if	- Deriva (e.g., p 4. Transac Code	ative souts, oction	Securitie	s Acquerants, er of e	Perso in this a curr	ns who r form are ently val cosed of, convertible ercisable Date	e not ro lid OME or Bene le securi	equired to 3 control : ficially Ow	respond unumber.  red  d Amount  ring  ad 4)	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Owners Form of Derivati Security Direct ( or Indirects)	11. Nature of Indire Beneficion Owners! (Instr. 4
Reminder:  1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II  3A. Deemed Execution Date, if any	- Deriva (e.g., p 4. Transac Code	ative souts, oction	Securities calls, war 5. Numbe Derivativ Securities Acquired or Dispos (D) (Instr. 3, 4)	s Acquerants, er of ees (A) seed of 4,	Perso in this a curr options, of 6. Date Expiration	ns who r form are ently val cosed of, onvertibl ercisable Date ay/Year)	e not relid OME	ricially Owities) 7. Title and of Underly Securities	respond unumber. rned d Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Owners Form of Derivati Security Direct ( or Indir	11. Nature of Indire Beneficion Owners! (Instr. 4

#### **Reporting Owners**

		Relationships					
	Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
C/ 19	nger Lewis A. O FULL HOUSE RESORTS, INC. 180 FESTIVAL PLAZA DRIVE, SUITE 680 AS VEGAS, NV 89135			Sr. VP, CFO and Treasurer			

# **Signatures**

/s/ Lewis A. Fanger	05/21/2019
**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)
- (1) The option vests in three equal annual installments beginning on May 17, 2020.

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.