FORM 4

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

OMB APPE	OVAL
OMB Number:	3235-0287
Estimated average	burden
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

	pe Response	s)														
1. Name and Address of Reporting Person* LANDAU ELLIS (Last) (First) (Middle) C/O FULL HOUSE RESORTS, INC., 1980 FESTIVAL PLAZA DRIVE, SUITE 680			2. Issuer Name and Ticker or Trading Symbol FULL HOUSE RESORTS INC [FLL]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director						
			C., 1980	3. Date of Earliest Transaction (Month/Day/Year) 05/17/2019						_	Officer (give	e title below)	Oth	er (specify below)	
(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 Person Form filed by More than One Reporting Person					
LAS VE		(State)	(Zip)			т	abla I	Non Dori	rativa Sac	nuritios	Agguiro	d Disposad	of or Pono	ficially Own	vd.	
1.Title of Security (Instr. 3) 2. Transaction Date			2A. Deemed Execution I any (Month/Day		l Date, if	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)		ired 5. f (D) Ov Tr	Amount of S wned Follow ransaction(s)	Securities Beneficially ving Reported		6. Ownership Form:	Beneficial	
					/Year)	Co	de V A	Amount (A) or (D)		(Ir	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Commor	Stock		05/17/2019				A	. 5	,381 A	A	\$ 0 19	93,096			D	
Reminder.	TP				ny ow	vnea an	iectly (in this t	orm are	not re	quired t	o respond	unless the	tion contair form	ed SEC 1	474 (9-02)
Terminder.								Person in this t display	orm are s a curre	not reently va	quired to alid OMI	o respond B control n	unless the		ed SEC 1	474 (9-02)
1. Title of	2. Conversion or Exercise Price of Derivative Security	3. Transaction	Table II -	Derivat (e.g., pu 4. Transac Code	tive Seats, cal	ecuritie Ills, wan	es Acq rrants. ber (ive (ies ed	Person in this	orm are s a curre sed of, or nvertible isable and	not recently variety of the security distribution of the security distribu	equired to alid OMI icially Ov ties)	o respond B control n wned and Amount clying s	unless the umber. 8. Price of		f 10. Ownersh Form of Derivativ Security: Direct (E or Indirect)	11. Natur p of Indired Beneficial Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if any	Derivat (e.g., pu 4. Transac Code	tive Seats, cal	ecuritie ills, wan 5. Num of Derivat Securiti Acquire (A) or Dispose of (D)	es Acq rrants. ber 6 Hive (ies ed ed 8, 4,	Person in this id display uired, Dispo , options, co	orm are s a curre sed of, or nvertible isable and	not re- ently var Benefi securit	quired to alid OMI icially Over ties) 7. Title at of Under Securities	o respond B control n wned and Amount clying s	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	f 10. Ownersh Form of Derivativ Security: Direct (I or Indirec	11. Natur p of Indired Beneficial Ownersh (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
LANDAU ELLIS C/O FULL HOUSE RESORTS, INC. 1980 FESTIVAL PLAZA DRIVE, SUITE 680 LAS VEGAS, NV 89135	X					

Signatures

/s/ Lewis A. Fanger, Attorney-in-Fact	05/21/2019
**Signature of Reporting Person	Date

Explanation of Responses:

 \star 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.