FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

| | OMB Number: | 3235-0287 |
|---|--------------------------|-----------|
| | Estimated average burden | |
| ı | 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).

purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the

| 10b5-1(c). See Insti | ruction 10. | | | | | | | |
|-----------------------------------------|-------------------------------------|----------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 1. Name and Address <u>Green Eric J</u> | of Reporting Person* | | 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 10% Owner | | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 11/17/2023 | X Director 10% Owner Officer (give title Other (specify below) below) | | | | |
| | SE RESORTS, INC. PLAZA DRIVE, SU | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (Street) LAS VEGAS | NV | 89135 | | | | | | |
| (City) | (State) | (Zip) | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | cution Date, ny Transaction Code (Instr | | | | | Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership |
|---------------------------------|--------------------------------------------|--|-----------------------------------------------|---|--------|---------------|-------|------------------------------------|-------------------------------------------------------------------|-------------------------|
| | | | | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 11/17/2023 | | P | | 10,000 | A | \$5.1 | 156,872 | D | |
| Common Stock | | | | | | | | 3,429 | I | By family trust |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | Derivative | | Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
|--|--------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------|--|------------|--|-------------------------------------|---|--------------------------------------------------------------------------------------------|-----|-----------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------|--|------------------------------|
| | | | | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) |

Explanation of Responses:

Remarks:

/s/ Lewis A. Fanger, Attorney-in-

11/20/2023

<u>Fact</u>
** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).