## FORM 4

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

OMB APPROVAL
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

1 Name ar														
1. Name and Address of Reporting Person * LANDAU ELLIS			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) C/O FULL HOUSE RESORTS, INC., 4670 SOUTH FORT APACHE, SUITE 190			3. Date of Earliest Transaction (Month/Day/Year) 03/27/2015						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 Acquired, Disposed of, or Beneficially Own						Owned				
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any	(Instr. 8		4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5)		f (D) Benefici Reported		nt of Securities ally Owned Following 1 Transaction(s)		Ownership Form:	Beneficial	
				(Month/Day/Yea	Code	V	Amoun	(A) or (D)	Price	(Instr. 3 and 4)		\ /	Ownership (Instr. 4)	
Commor	Common Stock (1) 03/27/2015		03/27/2015		P	:	500	A	\$ 1.47	5,500			D	
											ction of inf			1474 (9-02)
				Derivative Secur		the for	orm dis sposed o	splays a o	currer eficiall	ntly valid	OMB con	spond unle trol numbe		
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Y	3A. Deemed Execution Da any	Derivative Secure.g., puts, calls, v 4. te, if Transaction Code (ear) (Instr. 8)	sarrants, o	the fored, Dispetions, 6. Da and E (Mone)	orm dis sposed o	of, or Bendible securions Date	eficiall rities) 7. Ti Amo Unde Secu	ntly valid	OMB con  8. Price of		of 10. Owners: Form of Derivati Security Direct (i	Ownersh (Instr. 4)

#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
LANDAU ELLIS C/O FULL HOUSE RESORTS, INC. 4670 SOUTH FORT APACHE, SUITE 190 LAS VEGAS, NV 89147	X					

### **Signatures**

/s/ Lewis A. Fanger, attorney-in-fact	03/27/2015
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).
- (1) Exhibit List: Exhibit 24 Power of Attorney

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.