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

OMB APPE	KOVAL
OMB Number:	3235-0287
Estimated average	burden
hours per response	0.5

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 * Guidroz Elaine			2. Issuer Name and Ticker or Trading Symbol FULL HOUSE RESORTS INC [FLL]					5. R	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(C/O FULL HOUSE RESORTS, INC., 4670 SOUTH FORT APACHE ROAD, SUITE 190 (Street) LAS VEGAS, NV 89147		C., 4670	3. Date of Earliest Transaction (Month/Day/Year) 05/05/2015					X	X Officer (give title below) Other (specify below) Secretary						
		4. If Amendment, Date Original Filed(Month/Day/Year)					_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person				e)			
(Cit	y)	(State)	(Zip)			Ta	ble I -	Non-Deri	vative Securitie	s Acquired	l, Disposed	of, or Bene	ficially Own	d	
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year		. Deemed ecution Date, onth/Day/Ye	Date, if (. Transa Code Instr. 8)	(4	. Securities AcquA) or Disposed of Instr. 3, 4 and 5)	of (D) Own Tran		Securities Being Reported	I OF	Ownership form: Direct (D)	7. Nature of Indirect Beneficial Ownership
							Code	· V A	(A) or (D)	Price			(or Indirect I) Instr. 4)	(Instr. 4)
Reminder:	Report on a	separate line for each	n class of securities	beneficia	lly o	wned dire	ectly or	Person	s who respon					ed SEC	474 (9-02)
Reminder:	Report on a s	separate line for each		· Derivat	ive S	ecurities	Acqui	Person in this d display	s who respon form are not re is a currently v	equired to valid OMB ficially Ow	respond control n	unless the		ed SEC	474 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II - 3A. Deemed Execution Date, if	Derivat (e.g., pu 4. Transac Code	ive S	5. Numb of Derive Securities Acquired or Dispo of (D) (Instr. 3,	Acquirants, of the set	Person in this t display ired, Dispo	s who respon form are not re is a currently versed of, or Bene provertible securer ercisable and Date	equired to valid OMB ficially Ow	o respond B control n wned d Amount ying	unless the umber.	9. Number o Derivative Securities Beneficially Owned Following Reported	f 10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Naturip of Indire Benefici 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	ive S	5. Numb of Deriving Securities Acquired or Dispo of (D)	Acquirants, of the service of the se	Person in this to display display ired, Disposoptions, co	s who respon form are not re is a currently was a currently and the currently and currently and the currently and the currently and the currently	required to valid OMB ficially Ow ities) 7. Title and of Underly Securities	o respond B control n wned d Amount ying	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following	f 10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Natu of Indire Benefici Ownersh (Instr. 4)

Reporting Owners

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

Signatures

/s/ Elaine Guidroz	05/07/2015
**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) The stock option vests in three equal annual installments beginning on May 5,2015.

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.	