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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response...

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

(Print or Ty	pe Response	s)																		
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) 05/05/2015								Officer	r (give title belo	ow)	Othe	r (specify belo	w)			
(Street) LAS VEGAS, NV 89147				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 Person Form filed by More than One Reporting Person								
(City)	(State)		(Zip)			T	able I	- Non	-Der	ivative	Securitie	s Acq	quired	l, Dispo	osed of, or I	Beneficially	Ow	ned	
(Instr. 3)			Date	ansaction ath/Day/Year)	Exec any	A. Deemed secution Date, if y Month/Day/Year)		(Ins	(Instr. 8)		(A) or Disp (Instr. 3, 4		ties Acquired isposed of (D) 4 and 5) (A) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)		ollowing Over Solution Solutio		nership of m:	eneficial wnership
Common Stock 05/05/2015						A		13,24	5 A	\$ 0	23	23,745]						
				Table II - I					equire	conta the f	ained i orm di sposed	in this fo splays a of, or Be	orm a curi nefici	are no rently ially C	t requ valid	ction of inf iired to res OMB conf	spond unle			74 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	Year)	3A. Deemed Execution Date	te, if	4. Transact Code	tion)	5. Numl of	ber vative rities ired r osed)	6. Da and I (Mon	ate Exer Expirati nth/Day	Expiration	7. As Us Se (II 4)	Title a mount nderly ecurition nstr. 3	mount		9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownersh (Instr. 4)
						Code	V	(A)	(D)					Sł	hares					
Renor	ting ()	wners																		

	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	05/06/2015
**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).

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.