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

(Print or Type Responses) 1. Name and Address of Reporting Person * THOMAS CRAIG W				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_ Director10% Owner						
(Last) (First) (Middle) C/O FULL HOUSE RESORTS, INC., 4670 S. FORT APACHE ROAD, SUITE 190				3. Date of Earliest Transaction (Month/Day/Year) 05/05/2015					Office	r (give title belo	ow)	Other (specify	below)		
LAS VE	GAS, NV	(Street) 89147		4. If A	Amendment,	Date Orig	inal Fil	ed(Month/	Day/Year)		_X_ Form fil	ed by One Repo	Group Filing orting Person one Reporting		ble Line)
(City)	(State)	(Zip)		Ta	able I - No	n-Deri	vative S	ecurities	Acqui	red, Dispo	osed of, or I	Beneficially	Owned	
1.Title of S (Instr. 3)	Title of Security nstr. 3) 2. Transaction Date (Month/Day/Year)		Execu any	Deemed ution Date, if hth/Day/Year	(Instr. 8)		(A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficial	ant of Securities ally Owned Following d Transaction(s) and 4)		Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
						Code	V	Amount	(A) or (D)	Price	(I)		(Instr. 4)		
	C ₄ 1		05/05/2015			A		13,245	A	\$ 0	512,326			D	
Reminder:		separate line fo	or each class of sec	eurities be	eneficially ov	wned direc	Perso	ons who	respo			ction of inf			1474 (9-02)
		separate line fo		- Deriva	eneficially or	ies Acquir	Perso conta the fo	ons who ained in orm disp	responding this for plays a	rm are currer eficiall	not requ ntly valid	ired to res	formation spond unle trol numbe	ss	1474 (9-02)
Reminder:	Report on a s	3. Transaction	Table II a 3A. Deeme Execution	- Deriva (e.g., p	ative Securit outs, calls, wa 4. Transaction Code (Instr. 8)	ies Acquin arrants, o	Persoconta the for ed, Dispetions, 6. Da and E (Mon	ons who ained in orm disp	o responding this for plays a libert securing the securin	rm are currer reficiall rities) 7. Ti Amo Unde	not requ ntly valid	OMB conf	spond unle	of 10. Owners Form o Derivat Security Direct (or Indir	11. Nat of Indir benefit Owners (Instr. 4

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
THOMAS CRAIG W C/O FULL HOUSE RESORTS, INC. 4670 S. FORT APACHE ROAD, SUITE 190 LAS VEGAS, NV 89147	X				

Signatures

/s/ Lewis A. Fanger	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.