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

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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 * THOMAS CRAIG W				2. Issuer Name <b>and</b> Ticker or Trading Symbol FULL HOUSE RESORTS INC [FLL]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner				
				3. Date of Earliest Transaction (Month/Day/Year) 05/26/2015							/Year)	Office	er (give title belo	ow)	Other (specify	below)	
(Street) LAS VEGAS, NV 89147				4. If Amendment, Date Original Filed(Month/Day/Year)							/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City	)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							Owned						
1.Title of Security (Instr. 3)		1	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if) any (Month/Day/Year)		(Instr. 8)		(A) or Disposed of		of (D)	Beneficia Reported	nt of Securities ally Owned Following Transaction(s)		Ownership Form:	7. Nature of Indirect Beneficial Ownership		
						i ear		ode	V	Amoun	(A) or (D)	Price	(Instr. 3 and 4)		or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock 05/26/2015			05/26/2015			]	P		15,00	0 A	\$ 1.6	537,326		D			
			Table II - I					quire	conta the fo d, Dis	ined in orm dis	n this for splays a of, or Ben	rm are curre eficial	not requesting ntly valid	OMB con	spond unle	ess	2 1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Yea	3A. Deemed Execution Date	te, if	4. If Transaction Code ar) (Instr. 8)		5.		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Ta	itle and ount of lerlying urities tr. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Owners Form o Derivat Securit Direct or India	Ownershi y: (Instr. 4)	
					Code	V	(A)		Date Exerc		Expiration Date	n Title	Amount or Number of Shares				
Renor	ting ()	wners															

	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/ Elaine Guidroz, attorney-in-fact	05/26/2015
**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.