# FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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 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 S. FORT APACHE ROAD, SUITE 190				3. Date of Earliest Transaction (Month/Day/Year) 05/27/2015							Office	er (give title belo	ow)	Other (specify	below)			
(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 PersonForm filed by More than One Reporting Person								
(City	(City) (State) (Zip)				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Ye			(Instr. 8)		ction	4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	Amount of Securities nefficially Owned Following ported Transaction(s) str. 3 and 4)			of Inc Bene Own	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							С	ode	V	Amour	(A) or (D)	Price				(I) (Instr. 4)	(11150	,
Common	Stock		05/27/2015					P		10,00	0 A	\$ 1.58	547,326			D		
	•		Table II -					quire	conta the fo	ained i orm dis sposed	n this for splays a of, or Ben	rm ar curre reficia	e not requently valid	OMB conf	ormation spond unle trol numbe	ss	1474	(9-02)
Security	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Da	te, if Transaction Code Year) (Instr. 8)		5.		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. T Am Und Sec	Fitle and count of derlying curities str. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	ship of B of B of C of B of C of B of B of B	Beneficial Ownershij (Instr. 4)		
					Code	V	(A)	(D)	Date Exer		Expiration Date	n Titl	Amount or le Number of Shares					

### **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, attorney-in-fact	05/28/2015			
**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.