FORM 4

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

OMB APPROVAL
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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

1. Name and Address of Reporting Person* THOMAS CRAIG W			2. Issuer Name and Ticker or Trading Symbol FULL HOUSE RESORTS INC [FLL]					5	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) 11/13/2015					-	Office	r (give title belo	ow)	Other (specify b	elow)		
LAS VE	GAS, NV	(Street) 89147		4. If Amendr	ment,	Date O	riginal	Filed(Mont	h/Day/Year)		X_ Form fil	ed by One Repo		(Check Application	ole Line)
	(City) (State) (Zip)				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)		D	2. Transaction Date (Month/Day/Year)	any	xecution Date, if		(Instr. 8)		(A) or Disposed of (Instr. 3, 4 and 5)		Beneficial Reported	ant of Securities ally Owned Following d Transaction(s)		Ownership Form:	Beneficial
				(Month/Day/	Y ear)	Cod	e V	V Amou	nount (A) or (D) Pr		(Instr. 3 a	and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Commor	Stock	1	1/13/2015			P		20,00	00 A	1.72	592,326			D	
	rtoport on u c	separate fine for e	acii ciass oi secui	ities beneficia	lly ov	vned dii	·		-	d to t	he collec	ction of inf	ormation	SEC	1474 (9-02)
		separate line for e	Table II - I	Derivative Se	curiti	es Acq	Pe co the	rsons wintained in form diestanding between the second particular in the second in the	no respon in this for splays a c	m are curren	not requ tly valid		formation spond unle trol numbe	ss	1474 (9-02)
1. Title of	•	3. Transaction	Table II - I (a) 3A. Deemed Execution Date	Derivative See.g., puts, cal 4. te, if Transac Code	curiti ls, wa	es Acquerants,	Pe conthe continued, option 6. an (More es ed	rsons wintained in form diestanding between the second particular in the second in the	of, or Bendertible securicisable on Date	eficially ities) 7. Tit Amore Unde	not requitly valid y Owned tle and unt of orlying	OMB conf	spond unle	of 10. Ownersi Form of 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		
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	11/16/2015
**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.