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

	pe Response	,													
1. Name and Address of Reporting Person* Tirpak Bradley M			2. Issuer Name and Ticker or Trading Symbol FULL HOUSE RESORTS INC [FLL]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)XDirector10% Owner						
(Last) (First) (Middle) C/O FULL HOUSE RESORTS, INC., 4670 SOUTH FORT APACHE, SUITE 190			3. Date of Earliest Transaction (Month/Day/Year) 11/13/2015					-	Office	r (give title belo	ow)	Other (specify b	elow)		
(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)		1	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (Instr. 8)	(A (I	(A) or Disposed o (D) (Instr. 3, 4 and 5)		of Benefici		ially Owned Following d Transaction(s)			Beneficial Ownership
						Code	V A	mount	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Common Stock 11/13/201		11/13/2015			P	7	7,500 A		\$ 1.7	536,727		D		
Reminder:	Report on a s	separate line for	each class of securi	ities beneficially	y owi	ned direc	Person	s who	respon			ction of inf			1474 (9-02)
Reminder:	Report on a s	separate line for o	Table II - I	Derivative Secu	ıritie	s Acquir	Person contair the for	s who ned in m disp	respon this forr plays a c	n are urren	not requ itly valid	ction of inf uired to res OMB con	spond unle	ess	1474 (9-02)
1. Title of Derivative Security	•	3. Transaction Date	Table II - I (a 3A. Deemed Execution Date any		5. Non Not Do Se AA (AA Do of (I	s Acquir rants, op Number	Person contain the form the fo	ns who ned in m disp osed of onvertil Exercis	o respon this forr plays a co f, or Bene ble secur sable n Date	ficiallities) 7. Tit Amo Unde Secur	not requitly valid y Owned tle and unt of erlying	OMB conf	spond unle	of 10. Owners Form of Derivati Security Direct (or Indire	11. Natu of Indire Benefici Ownersh (Instr. 4)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Tirpak Bradley M 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	11/17/2015
**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.