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 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) 11/16/2015						Off	icer (give title be	low)	Other (s	specify belo	ow)		
(Street) LAS VEGAS, NV 89147				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ Form	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					d								
1.Title of Security (Instr. 3)		1	2. Transaction Date (Month/Day/Year)		Deemed cution Dat		(Instr. 8)		A. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		of (D	Benefic Reporte	ant of Securities ially Owned Following d Transaction(s)		6. Owner Form	ership of B	7. Nature of Indirect Beneficial Ownership
					(Month/Day/Year)		Code	V	Amou	(A) or (D)	Pric		(Instr. 3 and 4)		or Inc (I) (Instr	direct (I	nstr. 4)
Common	Stock		11/16/2015				P		7,674	A	\$ 1.72	600,00	00		D		
			Table II - I					the fed, D	tained i form di isposed	in this fo splays a of, or Be	orm a curr nefici	re not re ently val	ection of in quired to re id OMB cor	spond unl		SEC 14	74 (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	4. Transaction Code (Instr. 8)		5.			7. Ai Ui Se	Title and mount of nderlying scurities astr. 3 and		9. Number o Derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	ly Do Se D or n(s) (T)	wnership orm of erivative ecurity: irect (D)	Ownershi (Instr. 4) D)		
					Code	V	(A) (D)	Date	e rcisable	Expiration Date	on Ti	Amou or Numb of Shares	er				
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/ Lewis A. Fanger, attorney-in-fact	11/18/2015			
**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.