FORM 4

Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

OMB APPROVAL

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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 Type Responses) 1. Name and Address of Reporting Person * Braunlich Carl G			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 SOUTH FORT APACHE ROAD, SUITE 190				3. Date of Earliest Transaction (Month/Day/Year) 05/10/2016						-	0	Officer (give	title below)	Oth	er (specify belo	v)	
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
LAS VEGAS, NV 89147 (City) (State) (Zip)				Table I - Non-Derivative Securities Acou						Acqui	ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Yea	Execu any	eemed ation Date, if	3. Tr Code (Inst	ansactio	n 4. S	4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)		ired f (D)	5. Amo Owned Transa	5. Amount of Securities Benef Dwned Following Reported Fransaction(s)		neficially	6. Ownership Form:	7. Nature of Indirect Beneficial	
				(Mon	th/Day/Year)		ode	V An	nount	(A) or (D)	Price			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
Common Stock 05/10/2016			05/10/2016				A	7,0	059 <i>A</i>	A	\$ 0	40,304				D	
Reminder:	Report on a s	separate line for each	n class of securities b	peneficial	lly owned dir	ectly	Per in t	rsons this fo	rm are	not re	quired	l to res	spond ເ		on contain		1474 (9-02)
Reminder:	Report on a s	separate line for each		- Deriva	tive Securiti	es Ac	Per in t a c quired,	rsons this fo urrent	rm are ly valiced of, or	not red d OMB	quired contro icially (l to res ol nun	spond ι mber.				1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction Date (Month/Day/Year)	Table II 3A. Deemed Execution Date, if	- Deriva (e.g., pt 4. Transac Code	tive Securiti uts, calls, wa 5. Numl tion of Deriv Securiti	es Acc rrant ber vative es ed (A)	quired, s, option 6. Date Expirat (Month	rsons this for current Dispose is, conv Exercis ion Dat	rm are aly valided of, or vertible and and and are	not red d OMB r Benefi securit	quired contro icially (ies) 7. Title of Und Securi	ol num Owned e and A derlying	Amount	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Ownersl Form of Derivati Security Direct (1) or Indire(s) (I)	11. Natur of Indire Benefici Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II 3A. Deemed Execution Date, if any	- Deriva (e.g., pt 4. Transac Code	tive Securiti uts, calls, wa 5. Numl of Deriv Securiti Acquire or Dispo of (D) (Instr. 3	es Acc rrant ber vative es ed (A)	quired, s, option 6. Date Expirat (Month	rsons this for this f	rm are aly valided of, or vertible and and and are	not red OMB r Benefit securit	quired contro icially (ies) 7. Title of Und Securi	Owned e and A derlying ities 3 and 4	Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Ownersl Form of Derivati Security Direct (1 or Indire	11. Natur of Indire Benefici Ownersh (Instr. 4)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Braunlich Carl G C/O FULL HOUSE RESORTS, INC. 4670 SOUTH FORT APACHE ROAD, SUITE 190 LAS VEGAS, NV 89147	X				

Signatures

/s/ Lewis Fanger, Attorney-in-Fact	05/12/2016
**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.