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

OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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 an																	
Name and Address of Reporting Person * LANDAU ELLIS			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_ Director10% Owner							
(Last) (First) (Middle) C/O FULL HOUSE RESORTS, INC., 4670 SOUTH FORT APACHE, SUITE 190 (Street)			C., 4670	3. Date of Earliest Transaction (Month/Day/Year) 05/10/2016						-	Offic	icer (give t	title below)	Oth	er (specify belo	w)	
			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							
	GAS, NV												inica by ivi	ore than one is	ceporting rerson		
(Cit	y)	(State)	(Zip)			Table	I - Nor	n-Deriv	ative Sec	urities	Acquir	ed, Disp	posed o	f, or Benef	icially Owne	d	
(Instr. 3) Date		2. Transaction Date (Month/Day/Year	Execu any		(Instr. 8)		(A	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		f (D)	Owned Followi Transaction(s)		ecurities Beneficially ing Reported		Ownership Form:	Beneficial	
				(Mont	h/Day/Year		ode	V Aı	,	(A) or (D)	Price	(Instr. 3 a	and 4)			Direct (D) Ownersh or Indirect (Instr. 4)	
Common	Stock		05/10/2016				A		059 A	· _					D		
Reminder:	Report on a s	separate line for each	n class of securities b	eneficial	lly owned di	rectly	Pe in	ersons this fo	rm are	not red	quired	to resp	ond u		on contain form displa		1474 (9-02)
Reminder:	Report on a s	separate line for each		- Derivat	tive Securit	ies Ac	Pe in a (ersons this fo curren	orm are it tly valid ed of, or	not red I OMB Benefi	quired contro icially C	to resp ol numb	ond u				1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction	Table II - 3A. Deemed Execution Date, if	- Derivat (e.g., pu 4. Transact Code	tive Securit its, calls, was 5. Num of Deri Securit	ies Acarrant ber vative ies ed (A) osed	quired, ts, optio 6. Date Expira (Mont)	this for current Disposions, con	orm are in the valid ed of, or vertible stable and te	not red I OMB Benefi securiti	quired control icially Coies) 7. Title of Undo Securiti	ol numb Owned e and Am derlying	pond uper.	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	f 10. Owners Form of Derivat Security Direct (or Indirects) (I)	11. Nature of Indire Benefici Owners! (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	- Derivat (e.g., pu 4. Transact Code	tive Securit tts, calls, w. 5. Num of Deri Securit Acquir or Disp of (D) (Instr.:	ies Acarrant ber vative ies ed (A) osed	quired, s, optio 6. Date Exerci	Dispose Exercition Day/Y	orm are in the valid ed of, or vertible stable and te	not red I OMB Benefi securiti	quired control icially Coies) 7. Title of Undo Securiti	to respol numb Dwned e and Am lerlying ties 3 and 4) Ar or Nu of	mount	8. Price of Derivative Security	9. Number of Derivative Securities Securities Jowned Following Reported	of 10. Owners Form of Derivat Security Direct (or Indir	11. Nature of Indire Benefici Owners! (Instr. 4)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
LANDAU ELLIS C/O FULL HOUSE RESORTS, INC. 4670 SOUTH FORT APACHE, 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.