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

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

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 <b>and</b> 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) 06/01/2016							Office	r (give title belo	ow)	Other (specify	below)
(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 Person Form filed by More than One Reporting Person						
(City) (State) (Zip)			Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Yea	(Instr. 8)		(	ion 4. Securities Acqu (A) or Disposed o (D) (Instr. 3, 4 and 5)		f Beneficia		ally Owned Following Transaction(s)		\ /	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					C	ode	V	Amoun	(A) or (D)	Price			(I) (Instr. 4)		(msu. 4)
Common Stock		06/01/2016			P	4	5,000		\$ 1.7	612,059			D		
				Derivative Securit		t quire	the for d, Disp	rm dis oosed o	plays a c	currer eficial	ntly valid	OMB con	spond unle trol numbe		
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Ye.	3A. Deemed Execution Date any	te, if Transaction Code (Instr. 8)	5.		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form o Derivat Securit Direct ( or India	Beneficia ive Ownersh y: (Instr. 4) D) ect	
				Code V	(A)		Date Exercis		Expiration Date	Title	Amount or Number of Shares				
Renor	ting O	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 Fanger, Attorney-in-Fact	06/02/2016
**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.