FORM 4

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

OMB APPROVAL
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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 Responses	s)													
1. Name and Address of Reporting Person* Fanger Lewis A.				2. Issuer Name and Ticker or Trading Symbol FULL HOUSE RESORTS INC [FLL]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) — Director X Officer (give title below) Other (specify below) — Sr. VP, CFO and Treasurer				
(Last) (First) (Middle) C/O FULL HOUSE RESORTS, INC., 4670 S. FORT APACHE ROAD, SUITE 190				3. Date of Earliest Transaction (Month/Day/Year) 06/13/2016											
(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) (State) (Zip)				Table I - Non-Derivative Securities Acqui							ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year	2A. Deeme Execution any (Month/Da	Date, if	Code (Instr. 8)	ction	(A) or Disposed of (D) (Instr. 3, 4 and 5)		of	Beneficia	ally Owned Following Transaction(s)		Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
						Code	V	Amoun	t (A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Stock		06/13/2016			P		5,500	A	\$ 1.6	13,000			D	
			Table II -	Derivative S (e.g., puts, ca							ly Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Y	3A. Deemed Execution Da	(e.g., puts, c	alls, wa	ies Acquire arrants, op 5. Number of Derivative Securities	conta the for ed, Di tions, 6. Da and I	ained ir orm dis sposed o	of, or Bendible secundary	eficial rities) 7. Ti Amo Und Secu	not requ ntly valid	8. Price of Derivative Security (Instr. 5)	9. Number Derivative Securities Beneficially	of 10. Owners: Form of Derivati	ve Ownersh: (Instr. 4)
	Security					Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			4)			Following Reported Transaction((Instr. 4)	Direct (I or Indirect) (I) (Instr. 4	ect	
				Code	e V	(A) (D)	Date Exer		Expiration Date	Title	Amount or Number of Shares				
Repor	ting O	wners													
						Relat	tionsl	nips							
F	Director 10	Director 10% Officer						Other							

Sr. VP, CFO and Treasurer

Owner

Signatures

Fanger Lewis A.

LAS VEGAS, NV 89147

/s/ Lewis A. Fanger	06/14/2016
**Signature of Reporting Person	Date

C/O FULL HOUSE RESORTS, INC.

4670 S. FORT APACHE ROAD, SUITE 190

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.