# FORM 4

# 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 Type Responses)  1. Name and Address of Reporting Person *				2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer						
Fanger Lewis A.				FULL HOUSE RESORTS INC [FLL]							(Check all applicable) Director 10% Owner					
	L HOUSE	(First) E RESORTS OAD, SUIT	(Middle) , INC., 4670 S. E 190	3. Date of 08/23/20		t Trans	action	ı (Mo	onth/Day	//Year)		X_Office	er (give title bel Sr. VF	ow) P, CFO and T	Other (specify breasurer	pelow)
(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 VE	GAS, NV	89147										— Form me	ed by More mar	One Reporting	reison	
(City	r)	(State)	(Zip)		T	able I	- Non	-Der	ivative S	Securitie	s Acqu	iired, Disp	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye.		Date	2A. Deemed Execution Date, it any (Month/Day/Year		(Instr. 8)		tion	(A) or Disposed of (D) (Instr. 3, 4 and 5)			Reported Transaction(s)			Ownership or Form:	Beneficial	
				(Month/Da	ıy/Yeai		ode	V	Amoun	(A) or (D)	Price			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common	Stock		08/23/2016			]	P		1,100	A	\$ 1.79	14,100			D	
Common Stock		08/23/2016			]	P		2,193	A	\$ 1.8	16,293	293		D		
Reminder:	Report on a s	separate line for	r each class of secur	ities benefic	cially o	wned o	lirectl	y or i	indirectl	у.						
								cont	ained i	n this fo	orm ar	e not requ		formation spond unle trol numbe	ss	1474 (9-02)
			Table II - l	Derivative S								•				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Day Year) any	4. Transaction Code Year) (Instr. 8)		5. 6. I Number and		6. Da	Date Exercisable Expiration Date		7. T Am Und Sec	ritle and nount of derlying purities str. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners. Form of Derivati Security Direct ( or Indire	Beneficia Ownersh (Instr. 4)
				Cod	e V	(A)		Date Exer		Expiration Date	on Titl	Amount or Number of Shares				

## **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Fanger Lewis A. C/O FULL HOUSE RESORTS, INC. 4670 S. FORT APACHE ROAD, SUITE 190 LAS VEGAS, NV 89147			Sr. VP, CFO and Treasurer			

#### **Signatures**

/s/ Lewis A. Fanger	08/25/2016
**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.