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

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average burde	en					
L	0.5					

longer subject to Section 16. Form 4 or Form 5

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

obligations may continue. See Instruction 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 Re	esponses)															
1. Name and Address of Reporting Person * THOMAS CRAIG W				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 S. FORT APACHE ROAD, SUITE 190				3. Date of Earliest Transaction (Month/Day/Year) 11/10/2016							Officer (give tit	e below)	Other (	specify below	r)	
(Street) LAS VEGAS, NV 89147				4. If Amendment, Date Original Filed(Month/Day/Year)							_X_	6. Individual or Joint/Group Filing(Check Applicable Line) 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												
(Instr. 3)		2. Transaction Date (Month/Day/Year	2A. Deeme Execution I any (Month/Da		Date, if	3. Trans Code (Instr. 8		(A) o	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		. Amount of Securities Bene Dwned Following Reported Transaction(s)		,	6. Ownership Form:	Beneficial	
				(Month	/Day	y/ Y ear)	Code	V	Amo	ount (A) or (D)	Price	tr. 3 and 4)	or (I)		Direct (D) or Indirect I) Instr. 4)	Ownership (Instr. 4)
Common Sto	ock		11/10/2016				M		125,	,256 A	\$ 74 <sup>4</sup>	1,715		I	)	
			Table II					this for	form a ently v sposed	ho respond to the not require alid OMB cor of, or Benefici	ed to responded to respond to respond to respondent to res	oond unless ber.			i SEC	1474 (9-02)
Security or Exerc (Instr. 3) Price of		Conversion Date Execution Date, it any (Month/Day/Year) Price of Derivative (Month/Day/Year)			4. 5. Nu Transaction Deriv Code Secur ar) (Instr. 8) Acqu or Dis (D)		Jumber of ivative Expira (Montl Unities Unities Unities Unities Of Expira (Montl Unities Of Expiration (Montl United Of Expiration (Montl Unite		ons, convertible securities Date Exercisable and piration Date onth/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security	Securities Beneficially Owned Following Reported Transaction(s)	Owners Form of Derivati Security Direct ( or Indirect)	Ownershi (Instr. 4) D) ect
				Code	V	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4	)
Subscription Rights (right to buy)	\$ 1.3	11/10/2016		М		125,2	56	10/07	/2016	11/04/2016	Commo	-1125.256	\$ 0	0	D	

## **Reporting Owners**

	Relationships				
Reporting Owner Name / Address		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 A. Fanger, Attorney-in-Fact	11/15/2016
**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.

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.