FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average b	ourden
houre per reenonee	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

	pe Response	~)															
1. Name and Address of Reporting Person* LANDAU ELLIS			2. Issuer Name and Ticker or Trading Symbol FULL HOUSE RESORTS INC [FLL]						:	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)XDirector10% Owner							
	L HOUSE	(First) E RESORTS, IN ACHE, SUITE 1	C., 4670	3. Date of Earliest Transaction (Month/Day/Year) 11/10/2016			=	Oi	fficer (give	title below)	Oth	er (specify belo	v)				
(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							
(Cit		(State)	(Zip)			Tabl	e I - Noi	n-Deriv	ative Se	curities	Acqui	red, Di	isposed o	of, or Benef	icially Own	ed	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			2A. Deemed Execution Date, if any		if Coc (Ins	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		neficially	6. Ownership Form:	Beneficial		
				(Mont	:h/Day/Ye		Code	V Aı	mount	(A) or (D)	Price	(Instr. 3 and 4)			Direct (D) Ownershi or Indirect (I) (Instr. 4)		
Common	Stock		11/10/2016				М	12	2,041	4	\$ 1.3	67,84	-5			D	
Reminder:	Report on a	separate line for each	class of securities b	eneficia	lly owned	directly	Po in	ersons this fo	orm are	not re	quired	to res	spond ເ		on contain form displ		1474 (9-02)
Reminder:	Report on a s	separate line for each	class of securities b	- Deriva	tive Secu	ities A	Poin a cquired,	ersons this fo curren	orm are tly valic sed of, or	not red d OMB r Benefi	quired contro	to res	spond ι nber.				1474 (9-02)
Reminder: 1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	- Deriva (e.g., pt 4. Transac Code	tive Secuuts, calls, 5. N tion of D Secu Or D of (I	ities Acwarran mber crivative cities ired (A sposed)	e Expira (Mont	ersons this fo curren , Dispos ons, con	orm are tly valid sed of, or evertible isable an	not red d OMB r Benefi securit	quired control icially (ies) 7. Title of Und Securit	Owned e and A	spond unber. I Amount	8. Price of		of 10. Owners: Form of Derivati Security Direct (or Indire	11. Naturini of Indire Beneficis Ownersh (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	- Deriva (e.g., pt 4. Transac Code	tive Secuuts, calls, 5. N tion of D Secu	mber rivative ities ired (A sposed)	Point a coquired, ts, option 6. Date Expira (Mont)	ersons this fo curren , Dispos ons, con e Exerc ation Da h/Day/Y	orm are tly valid sed of, or evertible isable an	not red OMB r Benefi securit	quired control icially (ies) 7. Title of Und Securit	Owned e and A derlying ties 3 and 4	spond unber. I Amount	8. Price of Derivative Security	9. Number Derivative Securities Beneficially Owned Following Reported	of 10. Owners: Form of Derivati Security Direct (or Indire	11. Natu of Indire Benefici: Ownersh (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	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. 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.