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

OMB APPE	ROVAL
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Estimated average	burden
hours per response	0.5

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

	esponses)																
Name and Address of Reporting Person Guidroz Elaine				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 10% Owner						
(Last) (First) (Middle) C/O FULL HOUSE RESORTS, INC., 4670 SOUTH FORT APACHE ROAD, SUITE 190			4670	3. Date of Earliest Transaction (Month/Day/Year) 11/10/2016								X Officer (give title below) Other (specify below) VP, Secretary, General Counsel					
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
LAS VEGAS, NV 89147 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqu							lired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			2A. Deemed Execution Date, if any (Month/Day/Year		if C	Transac ode nstr. 8)	(A) or Dispos		isposed of	posed of (D)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		C F I	6. Ownership Form: Direct (D)	Beneficial Ownership	
							Code	V An		(A) or (D)	Price	or Indirect (Instr (I) (Instr. 4)		(Instr. 4)			
Common Sto	ock		11/10/2016				M	10	18	A	\$ 1.3	608			I		By Spouse
Common Sto	ock											15,00	0		I)	
Reminder: Repo	ort on a separ	ate line for each cla	ss of securities ber	neficially ov	wned o	directl	I	Persons	rm ar	e not re	quired	to res	pond u		on contained form display		1474 (9-02)
Reminder: Repo	ort on a separ	ate line for each cla	ss of securities ber	neficially ov	wned o	directl	I	Persons in this fo	rm ar	e not re	quired	to res	pond u				1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date	Table II - 3A. Deemed Execution Date,	Derivative (e.g., puts, 4. if Transac Code	Securicalls,	rities warr 5. Numb of Deriva Securi Acquir (A) or Dispos	Acquired ants, opt 6. I Exp (Mottive tites and a continuous and a continu	Persons in this fo a curren	ed of, vertible	e not red lid OMB or Benefi le securit	icially (ies) 7. Titor of Ut Security	d to res	Amount	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Owners Form of Derivati Security Direct (or Indirect)	11. Nature of Indire Benefici Owners! (Instr. 4)
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Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Guidroz Elaine C/O FULL HOUSE RESORTS, INC. 4670 SOUTH FORT APACHE ROAD, SUITE 190 LAS VEGAS, NV 89147			VP, Secretary, General Counsel			

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.