# 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 Type Kes	sponses	)													
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) X Director 10% Owner						
(Last) (First) (Middle) C/O FULL HOUSE RESORTS, INC., 4670 SOUTH FORT APACHE, SUITE 190				3. Date of Earliest Transaction (Month/Day/Year) 12/09/2016					Office	r (give title belo	ow)	Other (specify b	eelow)		
(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 VEGAS,	, NV 8	(State)	(Zip)					• .• .	a					0 1	
			T			1		1					Beneficially		
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	Beneficially Owned Following Reported Transaction(s)			Ownership Form:	7. Nature of Indirect Beneficial	
					Code	V	Amoun	(A) or (D)	Price	(Instr. 3 a	or I		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stoc	ek		12/09/2016			P		1,871	A	\$ 1.97 (1)	76,131			D	
Common Stoc	ek		12/12/2016			P		2,600	A	\$ 2.02 (2)	78,731			D	
Reminder: Report	t on a se	eparate line fo	or each class of secu	rities bene	ficially o	owned dire	Pers	sons wh tained i	no respo n this fo	orm are	not requ		ormation spond unle	ess	1474 (9-02)
			Table II -			arrants, c					ly Owned				
1. Title of 2. Conversion or Exercise Price of Derivative Security		3. Transactio Date (Month/Day/	Execution Da	Co	f Transaction Number and Ex- Code of (Mont		Expirationth/Day	Apiration Date h/Day/Year)  Approximation Date A U.S. (i)		ount of derlying urities str. 3 and Derivative Security (Instr. 5)  Amount or		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivati Security Direct ( or Indire	Ownershi (Instr. 4)	
				C	ode V	(A) (D	Exe	e ercisable	Expiration Date	Title	Number of Shares				

## **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/ Elaine Guidroz, Attorney-in-Fact	12/13/2016

**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).
- The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$1.95 to \$1.99, inclusive. The reporting (1) person undertakes to provide Full House Resorts, Inc., any security holder of Full House Resorts, Inc., or the staff of the Securities and Exchange Commission, upon request,
- (2) The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$2.00 to \$2.02, inclusive.

full information regarding the number of shares sold at each separate price within the ranges set forth in footnotes (1) and (2) to this Form 4.

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.