FORM 4

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

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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 Ty	pe Response	s)															
Name and Address of Reporting Person * adams kenneth robert				2. Issuer Name and Ticker or Trading Symbol FULL HOUSE RESORTS INC [FLL]							5	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 ROAD, SUITE 190				3. Date of Earliest Transaction (Month/Day/Year) 05/22/2017							-		give title below	<u>')</u>	Other	(specify belo	w)
(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 PersonForm filed by More than One Reporting Person					
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqui							s Acquir	ired, Disposed of, or Beneficially Owned					
1.Title of Security 2. Transaction Date (Month/Day/Yea					f Coo	3. Transaction Code Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	D) Owned Follow Transaction(s))		Form:	7. Nature of Indirect Beneficial	
				(Month	n/Day/Yea		Code	V Aı	Amount (A) or (D)		Price	(Instr. 3 and 4)		0	Direct (D) r Indirect I) Instr. 4)	Ownership (Instr. 4)	
Commor	n Stock		05/22/2017				A	5,	172 A	4	\$ 0	83,472		I)		
Reminder:	Report on a s	separate line for each	n class of securities b	oeneficial	lly owned	directl	Pe in	rsons this fo	orm are	not re	equired	to respon	n of inform d unless I number.		on containe form	ed SEC	1474 (9-02)
Reminder:	Report on a s	separate line for each	class of securities b	peneficia	lly owned	directl	<u> </u>	•	who re	espond	d to the	collectio	n of inforn	natio	on containe	d SEC	1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II - 3A. Deemed Execution Date, if	Derivat (e.g., pu 4. Transac Code	ive Securits, calls, v 5. Nu of Deriv) Secur	ties Avarran	Pe in t dis	rsons this for splays Dispos ns, con Exerci on Dat	sed of, or vertible	not re ently v r Benef	ficially (ties) 7. Title of Undo Securit	owned and Amou	d unless I number.	of 9 ive I S	O. Number of Derivative Securities Beneficially Owned	10. Ownersl Form of Derivati Security	11. Natu of Indire Benefici ve Ownersh : (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of	3. Transaction Date	Table II - 3A. Deemed Execution Date, if any	Derivat (e.g., pu 4. Transac Code	ive Securits, calls, v 5. Nu tion of Deriv Securi	mber rative rities ired rosed) . 3, 4,	Pe in t dis	rsons this for splays Dispos ns, con Exerci on Dat	sed of, or vertible	not re ently v r Benef	ficially (ties) 7. Title of Undo Securit	to responding to med and Amou erlying ies	at an	of 9 ive I S O F R T	O. Number of Derivative Securities Beneficially	Tol. Ownersl Form of Derivati Security Direct (I or Indire	11. Naturip of Indire Benefici 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	Derivat (e.g., pu 4. Transac Code	ive Securits, calls, v 5. Nu tion of Deriv) Securical Acquire (A) of Disport (D) (Instru	mber rative rities ired rosed) . 3, 4,	Pe in dis cquired, atts, option 6. Date Expirati (Month)	rsons this for splays Dispos as, con Exerci on Dat (Day/Y	sed of, or vertible	not reently v	ficially (ties) 7. Title of Undo Securit	to responding to med and Amou erlying ies	at unless I number. 8. Price Derivati Security (Instr. 5	of 9 ive I S O F R T	O. Number of Derivative Securities Beneficially Owned Following Reported Fransaction(s	Ownersl Form of Derivati Security Direct (I or Indirect)	11. Naturip of Indire Benefici Ownersh (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
adams kenneth robert C/O FULL HOUSE RESORTS, INC. 4670 SOUTH FORT APACHE ROAD, SUITE 190 LAS VEGAS, NV 89147	X					

Signatures

/s/ Lewis A. Fanger, Attorney-in-Fact	05/24/2017
Signature of Reporting Person	Date

Explanation of Responses:

 \star 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.