#### FORM 4

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

| OMB APPRO           | OVAL      |
|---------------------|-----------|
| OMB Number:         | 3235-0287 |
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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)   |   |   |         |                                      |                     |                  |  |  |            |                                      |  |                 |                    |                                  |    |
|---|-------------|--|---|---|---------|--------------------------------------|---------------------|------------------|--|--|------------|--------------------------------------|--|-----------------|--------------------|----------------------------------|----|
| 1. Name and Address of Reporting Person *-<br>Garrett W.H. Baird                        |             |  |   | 2. Issuer Name and Ticker or Trading Symbol<br>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) 05/22/2017                 |         |                                      |                     |                  |  |  | r)         | -                                    | Officer (giv   | re title below) | Oti                | er (specify below                | *) |
| (Street) LAS VEGAS, NV 89147  |             |  |   | 4. If Amendment, Date Original Filed(Month/Day/Year)                        |         |                                      |                     |                  |  |  | Year)      |                                      | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person |                 |                    |                                  |    |
| (Cit  | ty)         | (State)  | (Zip)   |   |         | 1                                    | able                | I - Non          | -Deriv   | ative S  | ecuritie   | s Acquir                             | ed, Disposed   | of, or Bene     | ficially Own       | ed                               |    |
| 1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yo                       |             |  | 2A. Deeme<br>Execution I<br>any<br>(Month/Day |   | ate, if | 3. Transaction<br>Code<br>(Instr. 8) |                     | (A               | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)                            |  | of (D) C   | Owned Following Re<br>Transaction(s) |  |                 | Ownership<br>Form: | 7. Nature of Indirect Beneficial |    |
|   |             |  |   |   | /Year)  | C                                    | ode                 | V A              | Amount (A) or (D)  |  | Price      | Instr. 3 and 4                       | tr. 3 and 4)   |                 |                    | Ownership<br>(Instr. 4)          |    |
| Common  | n Stock     |  | 05/22/2017                                    |   |         |                                      | ·                   | A                | 5,   | ,172   | A          | \$ 0 5                               | 0 55,902   |                 |                    | D                                |    |
|   |             |  | Table II -                                    |   |         |                                      |                     | dis<br>quired,   | splays<br>Dispos   | s a cur  | rently v   | /alid ON<br>ficially O               | to respond<br>IB control i   |                 | e iorm             |                                  |    |
| 1. Title of Derivative Security (Instr. 3)    Security                                  |             | 6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Tit Security (Instruction of University ( |   |   |         | 7. Title of Unde                     | Inderlying Derivati |                  | 9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh<br>Form of<br>Derivativ<br>Security:<br>Direct (I<br>or Indirect | (Instr. 4) |                                      |  |                 |                    |                                  |    |
|   |             |  |   |   |         | and 5)                               |                     | Date<br>Exercise | able   | Expira<br>Date   | ation      | Title                                | Amount<br>or<br>Number   |                 |                    |                                  |    |
|   |             |  |   | Code  | V       | (A)                                  | (D)                 |                  |  |  |            |                                      | of<br>Shares   |                 |                    |                                  |    |

#### **Reporting Owners**

|  | Relationships |              |         |       |  |  |
|--|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address   | Director      | 10%<br>Owner | Officer | Other |  |  |
| Garrett W.H. Baird<br>C/O FULL HOUSE RESORTS, INC.<br>4670 SOUTH FORT APACHE, SUITE 190<br>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.