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

4 37															
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				3. Date of Earliest Transaction (Month/Day/Year) 05/22/2017						X Officer (give title below) Other (specify below) VP, Secretary, General Counsel					
(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						
(City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acqu						lired, Disposed of, or Beneficially Owned					
1.Title of S (Instr. 3)				2A. Deemed Execution Date, if		ate, if C			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficial Owned Following Reported Transaction(s)		d (ially 6. 7. N Ownership Form: 7. N of Ir Bene	
				(Month	/Day/	(Year)	Cod	le V A	(A) or		(Instr. 3 and 4) Direct (D) O		wnership nstr. 4)		
Reminder:									s who respo form are not						74 (9-02)
								in this display	form are not is a currently osed of, or Ber	required valid O	d to respor MB contro	d unless the			74 (3-02)
1. Title of Derivative	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if	4. Transac Code	tts, ca	lls, warr 5. Numb	er ative s d (A) sed	in this display	form are not s a currently osed of, or Bernvertible secuercisable and Date	required valid Of valid Of Und Securit	omed Owned e and Amounderlying	d unless the number.	9. Number o	f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indire Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	tts, ca	Ils, warr 5. Numb of Deriva Securitie Acquired or Dispos of (D) (Instr. 3,	er ative s d (A) sed	in this display	form are not s a currently osed of, or Bernvertible securcisable and Date y/Year)	required valid Of valid Of Und Securit	od to respon oMB contro Owned e and Amoun derlying ties	8. Price of Derivative Security (Instr. 5)	9. Number o Derivative Securities Beneficially Owned Following Reported	f 10. Ownership Forn of Derivative Security: Direct (D) or Indirect	11. Natur of Indire Beneficia Ownersh (Instr. 4)

	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/ Elaine Guidroz	05/24/2017
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).
- ($\bf{1}$) The option vests in three equal annual installments beginning on May 22, 2018.

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.