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

(pe Response	8)													
1. Name and Address of Reporting Person * THOMAS CRAIG W		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 S. FORT APACHE ROAD, SUITE 190			C., 4670 S.	3. Date of Earliest Transaction (Month/Day/Year) 05/22/2017					-	Officer (giv	e title below)	Othe	r (specify belo	w)	
(Street)			ŕ	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 VE	GAS, NV	(State)	(Zip)												
		(State)						1					ficially Owne	d I	
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)) any	eemed tion Date, if h/Day/Year	Cod (Inst	ransaction e tr. 8)	4. Securities Acquired (A) or Disposed of (I) (Instr. 3, 4 and 5)		of (D)	Owned Follow Transaction(s)			6. Ownership Form:	7. Nature of Indirect Beneficial Ownership	
				(WIOIIII	ii/Day/Teai		ode V	Amour	(A) or (D)	Price	or Indirect (In		(Instr. 4)		
Common	Stock		05/22/2017				A	5,172	A	\$0 7	49,887])	
Reminder:	Report on a s	separate line for each	class of securities b	beneficia	ily owned c	irectry	Pers in th	ons who	are not re	equired	collection of to respond IB control r	unless the	ion contain form	ed SEC	1474 (9-02)
Reminder:	Report on a s	separate line for each	class of securities b	beneficia	ily owned c	nectry	Pers	ns who						ed SEC	1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II -	Derivat (e.g., pu 4. Transac Code	tive Securit ats, calls, water 5. Num of Derivat Securit Acqui	ies Acarrant	Pers in th disp	ons who s form ays a co sposed o converti ercisable Date	are not re urrently v f, or Bene ible securi	equired valid ON ficially O	to respond IB control r Owned and Amount orlying es	unless the number. 8. Price of			11. Natur of Indired Beneficia 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	tive Securit ats, calls, was 5. Num of Deriva 5) Securi	nber ative ties red sed 3, 4,	Pers in thi display to the display t	ons who s form ays a co sposed o converti ercisable Date	are not re urrently v f, or Bene ible securi	ficially Officially Of	to respond IB control r Owned and Amount orlying es	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned	Tol. Ownersl Form of Derivati Security Direct (I or Indire	11. Natur of Indired Beneficia 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	tive Securities, calls, water that the securities of the securitie	nber ative ties red sed 3, 4,	Pers in thi display to the display t	ons whose form ays a convertience on convertience on the convertience of the convertie	are not re urrently v f, or Bene- ible securi e and	ficially Officially Of	to respond IB control r Owned and Amount orlying es	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following Reported Transaction(To Ownersl Form of Derivati Security Direct (I or Indirect) (I)	11. Natur of Indired Beneficia Ownersh (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
THOMAS CRAIG W C/O FULL HOUSE RESORTS, INC. 4670 S. 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.