## FORM 4

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

OMB APPE	OVAL
OMB Number:	3235-0287
Estimated average	burden
hours per response	0.5

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 * Tirpak Bradley M			2. Issuer Name and Ticker or Trading Symbol FULL HOUSE RESORTS INC [FLL]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)XDirector10% Owner						
(Last) (First) (Middle) C/O FULL HOUSE RESORTS, INC., 4670 SOUTH FORT APACHE, SUITE 190			C., 4670	3. Date of Earliest Transaction (Month/Day/Year) 05/22/2017						-	Officer (give	e title below)	Oth	er (specify below	v)	
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting Person					
LAS VEGAS, NV 89147 (City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acou							Acquire	uired, Disposed of, or Beneficially Owned				
1.Title of S (Instr. 3)				2A. Deemed 3. Execution Date, if Co		3. T	Transaction		4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5)		uired 5. Amount of Owned Follow		Securities Beneficially wing Reported		5. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
						(	Code	V A1	mount	(A) 61 (D)	Price				(Instr. 4)	
Common	n Stock		05/22/2017				A	5,	172	A	\$ 0 6	66,508			D	
Reminder:	Report on a s	separate line for each	class of securities b	peneficia	lly owned	direct	Pei	rsons				collection o			ed SEC	474 (9-02)
Reminder:	Report on a s	separate line for each	Table II -	Derivat	ive Secur	ties A	Per in t dis	rsons this fo splays Dispos	orm are a curre	not re ently v r Benef	equired to a lid OM ficially O	to respond IB control n	unless the		ed SEC	474 (9-02)
1. Title of	·	3. Transaction Date	Table II -  3A. Deemed Execution Date, if	Derivat (e.g., pu 4. Transac Code	ive Secur its, calls, v 5. No tion of Deri ) Secu Acqu (A) ( Disp of (E	ties A varrar imber vative rities ired r osed )	Per in t dis	rsons this for splays Dispos is, con Exercis on Dat	sed of, or vertible	not re ently v r Benef	quired falld OM ficially O	to respond IB control n wned and Amount rlying es	unless the umber.  8. Price of		f 10. Ownersl Form of Derivati Security Direct (I or Indire	11. Natur of Indirec Beneficia Ownershi (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 Secur its, calls, v 5. No tion of Deri' ) Secu Acqu (A) o Disp of ([C] (Inst	tites A varrar mmber varive rities irred r cosed )	Per in t dis cquired, I tts, option 6. Date Expirati (Month/	rsons this for plays Dispos s, con Exerci- on Dat 'Day/Y	sed of, or vertible	e not re ently v r Benef e securit d	ralid OM ficially O ties)  7. Title a of Under Securities	to respond IB control n wned and Amount rlying es	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	f 10. Ownersl Form of Derivati Security Direct (I or Indire s) (I)	11. Natur of Indirec Beneficia Ownershi (Instr. 4)

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Tirpak Bradley M C/O FULL HOUSE RESORTS, INC. 4670 SOUTH FORT APACHE, 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:**

 $\mbox{\tt\tiny{\#}}$  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.