FORM 4

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

OMB APPROVAL
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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 * 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., 1980 FESTIVAL DR., SUITE 680				3. Date of Earliest Transaction (Month/Day/Year) 12/07/2017						X Officer (give title below) Other (specify below) VP, Secretary, General Counsel						
(Street) LAS VEGAS, NV 89135				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)		Т	able I	- Non	-Der	ivative S	Securities	. Acqı	ıired, Disp	osed of, or I	Beneficially	Owned	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)			of (D)	Beneficially Owned Following Reported Transaction(s) Ownership Form: Of In Beneficially Ownership Form:		7. Nature of Indirect Beneficial Ownership			
				(IVIOIIII	// Day/ 1 Ca		ode	V	Amour	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock		12/07/2017				S		5,000	D	\$ 3.65	10,000		D			
Common Stock											608		Ι	By Spouse		
Reminder:	Report on a s	separate line fo	r each class of secur Table II - 1	Derivati	ive Securi	ties A	cquire	Pers cont the f d, Di	ons what in the constant of th	o respo n this fo splays a of, or Ber	rm ar curre reficia	e not requently valid	ction of inf uired to res OMB conf	spond unle	ess	1474 (9-02)
	I.				ts, calls, w		ts, opt								2 40	
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/\)	Execution Da	C	ransaction ode	of	vative rities aired or osed o) : 3,	and Expiration Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)		Am Uno Sec	Title and nount of derlying curities str. 3 and Security		Derivative Securities Beneficially Owned Following Reported Transaction(s)	Owners Form of Derivat Securit Direct or India	Benefici Ownersh (y: (Instr. 4)	
					Code V	(A)	(D)	Date Exer		Expiratio Date	n Titl	Amount or Number of Shares				

Reporting Owners

Ī		Relationships							
Reporting Owner Name / Address		Director	10% Owner	Officer	Other				
	Guidroz Elaine C/O FULL HOUSE RESORTS, INC. 1980 FESTIVAL DR., SUITE 680 LAS VEGAS, NV 89135			VP, Secretary, General Counsel					

Signatures

/s/ Elaine Guidroz	12/07/2017
**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).

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.