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

Ì	pe Response			I											
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., 1980 FESTIVAL PLAZA DR., SUITE 680				3. Date of Earliest Transaction (Month/Day/Year) 12/12/2017						Office	er (give title belo	ow)	Other (specify l	pelow)	
(Street)				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					
	GAS, NV												- One Reporting		
(City)	(State)	(Zip)	1	able I	- Non	-Der	ivative :	Securitie	s Acqu	ired, Disp	osed of, or l	Beneficially	Owned	
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)			of (D)	Beneficially Owned Following Reported Transaction(s)			Ownership of Form:	Beneficial	
					ode	V	Amour	(A) or (D)	Price	(Instr. 3 a	nd 4)		\ /	Ownership (Instr. 4)	
Common Stock		12/12/2017		5	S		9,400	D	\$ 4.03	677,472		D			
Common Stock		12/13/2017			S		8,600	D	\$ 3.93 668,872			D			
Reminder:	Report on a s	separate line fo	r each class of secur	ities beneficially o	owned d		Pers	ons wh ained i	no respo	orm ar	e not requ		formation spond unle trol numbe	ss	1474 (9-02)
				Derivative Securi e.g., puts, calls, w							lly Owned				
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/\)	3A. Deemed Execution Day Year) any	4. Transaction Code Year) (Instr. 8)	5. Numb of Deriva Securi Acqui (A) or Dispo of (D) (Instr.	5. Number of (Derivative Securities Acquired (A) or Disposed		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. T Am Und Sec	ritle and ount of derlying urities tr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivati Security Direct (or Indire	Beneficia Ownersh (Instr. 4)
				Code V	(A)	(D)	Date Exer	cisable	Expiration Date	on Titl	Amount or e Number of Shares				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
THOMAS CRAIG W C/O FULL HOUSE RESORTS, INC. 1980 FESTIVAL PLAZA DR., SUITE 680 LAS VEGAS, NV 89135	X					

Signatures

/s/ Elaine Guidroz, Attorney-In-Fact	12/14/2017
**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.