FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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 * Fanger Lewis A.				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 PLAZA DRIVE, SUITE 680			3. Date of Earliest Transaction (Month/Day/Year) 02/28/2018					X Officer (give title below) Other (specify below) Sr. VP, CFO and Treasurer						
(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)			Table I - Non-Derivative Securities Acqui					ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	*	(Instr. 8)		4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	ally Owned Following Transaction(s)		Ownership Form:	Beneficial
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 a	and 4)		\ /	Ownership (Instr. 4)	
Common	Stock (1)		02/28/2018		A		6,654	A	\$ 0	25,577			D	
								*		y Owned				
1. Title of Derivative Conversion Security or Exercise (Month/Day/Year) 3A. Deemed Execution Data any			e.g., puts, calls, wa 4. Transaction Code	and Expiration Date (Month/Day/Year) Amula (Month/Day/Year) Securify (Ins			eficiall rities) 7. Ti Amo Unde	not required to the and count of erlying	ot required to response valid OMB control Owned and and tof Derivative Dying Security (Instr. 5) B		of 10. Ownersh Form of	Beneficia Ownershi (Instr. 4)		
					(A) or Disposed of (D) (Instr. 3, 4, and 5)						Reported Transaction(s) (Instr. 4)	or Indire		
				Code V	(A) (D)	Date		expiration Date	1 Title	Amount or Number of Shares				
Repor	ting O	wners												
					Re	latior	nships							
	Donoutine (Immon Name /	Address											

Reporting Owner Name / Address	Director	10% Owner	Officer	Other
Fanger Lewis A. C/O FULL HOUSE RESORTS, INC. 1980 FESTIVAL PLAZA DRIVE, SUITE 680 LAS VEGAS, NV 89135			Sr. VP, CFO and Treasurer	

Signatures

/s/ Lewis A. Fanger	03/02/2018			
***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)
- (1) Stock bonus granted under the 2015 Equity Incentive Plan pursuant to the Annual Incentive Plan for Executives.

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.