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

	pe Response	~)												
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) Director10% 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) 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)	7	able I - N	on-Der	rivative S	Securities 2	Acqui	ired, Dispo	osed of, or E	Beneficially (Owned	
(Instr. 3) Date			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any	(Instr. 8		(A) or Disposed o		Beneficia Reported		ally Owned Following Transaction(s)		6. Ownership Form:	Beneficial
			(Month/Day/Yea	Code	V	Amoun	(A) or (D)	Price	(Instr. 3 a	10 4)		\ /	Ownership (Instr. 4)	
Commor	Stock (1)		02/28/2018		A		5,444	A :	\$ 0	15,444		-	D	
Common Stock									608			[By spouse	
Teaminger.	report on a s	separate line to	r each class of secur	ines senemenany (ywneu une	Pers	ons wh	o respon			ction of inf			1474 (9-02)
				Derivative Securi		the fred, D	form dis	of, or Bene	urre ficial	ntly valid		rol number		
1. Title of	2.	3. Transaction	(Derivative Securi		the fred, D	form dis	splays a coof, or Bene tible secur	eficial	ntly valid	OMB cont			11. Natur
	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Da any	e.g., puts, calls, v	sarrants, o	the forced, Doptions 6. Doptions (Mo	form dis	of, or Benetible secur	eficial ities) 7. Ti Amo Und Secu	ntly valid	OMB cont	9. Number o	f 10. Owners Form of Derivat: Security Direct (or Indir	nip of Indirect Beneficia Ownershi (Instr. 4)

Reporting Owners

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

Signatures

03/02/2018
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.