FORM 4

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

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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 Type Responses) 1. Name and Address of Reporting Person *- adams kenneth robert			2. Issuer Name and Ticker or Trading Symbol FULL HOUSE RESORTS INC [FLL]						5	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 DRIVE, SUITE 680				3. Date of Earliest Transaction (Month/Day/Year) 05/23/2018						-	Officer (give	e title below)	Oth	er (specify belo	w)	
(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					
LAS VEGAS, NV 89135 (City) (State) (Zip)			Table I Non Dominating Committee Asset						Acquir	nired, Disposed of, or Beneficially Owned						
1.Title of Security 2. Transaction Date			2A. Deemed Execution Date, if		3. Transactio					ired 5. Amount of		Securities Beneficially ving Reported		6. Ownership	7. Nature of Indirect Beneficial	
				(Month	/Day/Year		Code V	V An		(A) or (D)	Price	Instr. 3 and 4)			Direct (D) ownership or Indirect (I) (Instr. 4)	
Common	Stock		05/23/2018				A	3,	582 A	1	\$0 8	37,054			D	
Reminder:	Report on a s	separate line for each	class of securities b	beneficial	ly owned o	irectiy	Per	sons				collection of			ned SEC	1474 (9-02)
Reminder:	Report on a s	separate line for each	Table II -	Derivati	ive Securit	ies Ac	Per in the disp equired, D	sons his fo plays Dispos	orm are a curre	not re ently v	equired alid ON icially (to respond IB control r	unless the		ned SEC	1474 (9-02)
1. Title of		3. Transaction Date	Table II -	Derivati (e.g., pur 4. Transact Code	ive Securit ts, calls, was 5. Nun of Deriva	ies Acarran mber ntive ties red sed 3, 4,	Per in the disp equired, D	sons his fo plays Dispos s, con Exercise on Date	ed of, or vertible	not re ently v Benef securit	quired alid ON icially (ties)	to respond MB control r Dwned and Amount erlying ies	unless the number.		of 10. Owners Form of Derivati Security Direct (or Indire	11. Naturip of Indire Benefici Ownersh (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	Derivati (e.g., pur 4. Transact Code	ive Securit ts, calls, wa 5. Nurion of Derive Securi Acqui (A) or Dispo of (D) (Instr.	ies Acarran mber ntive ties red sed 3, 4,	Perin tl disp equired, D ts, options 6. Date E Expiration	sons his fo plays Dispos ss, con Exercis on Dat Day/Y	ed of, or vertible	not reently v Benef securit	required ralid ON ricially (ties) 7. Title of Under Securiti	to respond MB control r Dwned and Amount erlying ies	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Owners Form of Derivati Security Direct (or Indirects)	11. Naturip of Indire Benefici Ownersh (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
adams kenneth robert C/O FULL HOUSE RESORTS, INC. 1980 FESTIVAL PLAZA DRIVE, SUITE 680 LAS VEGAS, NV 89135	X					

Signatures

/s/ Lewis A. Fanger, Attorney-in-Fact	05/25/2018
Signature of Reporting Person	Date

Explanation of Responses:

 \star 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.