## 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 Ty	pe Response	s)																	
1. Name and Address of Reporting Person * THOMAS CRAIG W					2. Issuer Name <b>and</b> 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) 09/05/2018							Office	r (give title belo	ow)	Other	(specify bel	ow)			
(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 PersonForm filed by More than One Reporting Person									
(City	)	(State)		(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Benefic					Beneficially	Own	ıed							
1.Title of Security (Instr. 3)		Date		Γransaction te onth/Day/Year)	Exect any	Deemed ution Date, i	f C	Code (Instr. 8)		(A) or	4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)			Beneficia Reported	ant of Securities ally Owned Following d Transaction(s)		For	nership c m: E	7. Nature of Indirect Beneficial
					(Mon	ith/Day/Yea	r)	Code	V	Amo	unt	(A) or (D)	Price	(Instr. 3 a	ind 4)		or In		Ownership Instr. 4)
Common	Stock		09/05	5/2018				J(1)		238,1	84	11)	\$ 0 (1)	434,270	)		D		
Reminder:	Report on a s	separate line fo	or each o	Table II - I	Deriv	ative Secur	ities	Acqui	Pe co the	rsons v ntained e form c	/ho in t lispl	this for lays a c	m are currer eficiall	not requ ntly valid		formation spond unle trol numbe		SEC 1	474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	Year) Execut	3A. Deemed Execution Da	te, if	4. Transaction Code	5. Nu of De See Ac (A Dis of (In	5. Number		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Ti Amo Unde Secu	r. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	y   1   1   1   1   1   1   1   1   1	10. Ownershi Form of Derivative Security: Direct (D or Indirec (I) (Instr. 4)	Beneficial Ownershi (Instr. 4)	
						Code V	(A	(A) (D)		ate xercisable		xpiration ate	Title	Amount or Number of Shares					
Renor	ting ()	wners																	

	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/ Lewis A. Fanger, Attorney-in-Fact	09/06/2018
**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) The reported transaction represents a transfer of shares to the reporting person's former spouse as part of a comprehensive division of marital assets.

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.