## FORM 4

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

| OMB APPE           | ROVAL     |
|--------------------|-----------|
| OMB Number:        | 3235-0287 |
| Estimated average  | burden    |
| hours per response | 0.5       |

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

| 1. Name and Address of Reporting Person * Guidroz Elaine   |   |      | 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)Director10% Owner |   |                                 |  |   |  |
|--|---|------|--|---|------------|---|-----------------------------------|--|---|--|---|---------------------------------|--|---|--|
| (Last) (First) (Middle)<br>C/O FULL HOUSE RESORTS, INC., 1980<br>FESTIVAL PLAZA DRIVE, SUITE 680 |   |      |  | 3. Date of Earliest Transaction (Month/Day/Year) 09/10/2019 |            |   |                                   |  |   | X Officer (give title below) Other (specify below)  VP, Secretary, General Counsel       |   |                                 |  |   |  |
| (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-Derivative Securities Acqu                                 |   |            |   |                                   | es Acquir  | aired. Disposed of, or Beneficially Owned   |  |   |                                 |  |   |  |
| 1.Title of S<br>(Instr. 3)   | 1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea    |      | 2A. Deemed<br>Execution Date<br>any                                      |   | Date, if C | . Trai  | (.                                | . Securities Acca, or Disposed Instr. 3, 4 and 5                 | of (D) O  | 5. Amount of Securities Beneficially<br>Owned Following Reported<br>Transaction(s)       |   | d (                             | Ownership of Berry | Nature<br>Indirect<br>eneficial   |  |
|  |   |      |  | (Month  | /Day       | v/Year)   | Coc                               | le V A   | (A) or (D)  | Price  | (Instr. 3 and 4) Direct (D) O   |                                 | wnership<br>nstr. 4)   |   |  |
| Reminder:  |   |      |  |   |            |   |                                   | in this  | s who respor  | equired  | to respond  | unless the                      |  | 52011   | 74 (9-02)                                      |
| Reminder.  |   |      | Table II -   | · Derivat   | ive S      | Securities  | Acq                               | in this i  | form are not i  | equired<br>valid ON  | to respond<br>IB control n  | unless the                      |  | 520 1   | , 1 (3 02)                                     |
| 1. Title of  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security |      | 3A. Deemed<br>Execution Date, if   | 4.<br>Transac<br>Code                                       | ts, ca     | 5. Numb<br>of Deriva<br>Securitie<br>Acquired<br>or Dispo<br>of (D)<br>(Instr. 3, | er<br>ative<br>es<br>d (A)<br>sed | in this in display uired, Dispos, options, co                    | form are not us a currently osed of, or Ben nvertible securercisable and Date         | equired valid OM eficially Crities)  | to respond B control n Owned and Amount rlying es   | unless the<br>umber.            | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported   | f 10.<br>Ownership<br>Form of<br>Derivative<br>Security:<br>Direct (D)<br>or Indirect | 11. Natur                                      |
| 1. Title of<br>Derivative<br>Security  | Conversion<br>or Exercise<br>Price of<br>Derivative                   | Date | 3A. Deemed<br>Execution Date, if<br>any                                  | 4.<br>Transac<br>Code                                       | ts, ca     | 5. Numb<br>of Deriva<br>Securitie<br>Acquired<br>or Dispo<br>of (D)               | er<br>ative<br>es<br>d (A)<br>sed | in this display uired, Dispo, options, co 6. Date Exe Expiration | form are not its a currently osed of, or Ben nvertible securerisable and Date y/Year) | equired valid ON eficially Crities)  7. Title a of Under Securities                      | to respond B control n Owned and Amount rlying es   | 8. Price of Derivative Security | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following   | f 10.<br>Ownership<br>Form of<br>Derivative<br>Security:<br>Direct (D)<br>or Indirect | 11. Natur<br>of Indire<br>Beneficia<br>Ownersh |

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

## **Signatures**

| /s/ Elaine Guidroz              | 09/12/2019 |
|---------------------------------|------------|
| **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).
- (  $\mathbf{1}$ ) The option vests in three equal annual installments beginning on September 10, 2020.

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.