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 Typ	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) _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) 11/19/2019							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 PersonForm filed by More than One Reporting Person					
(City))	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea	e, if C	f Code (Instr. 8)		4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)		f (D)	Beneficia	lly Owned F Transaction	ransaction(s)		7. Nature of Indirect Beneficial Ownership
				(**************************************	/	Code	V	Amoun	(A) or (D)	Price	(\ /	(Instr. 4)
Common	Stock		11/19/2019			P		10,000) A	\$ 3	75,000			D	
				Derivative Secu		Acquire	ed, Dis	sposed o	of, or Bene	ficiall		OMB con	trol numbe		
Derivative	2. Conversion or Exercise Price of Derivative Security		Execution Da Year) any	Year) Transaction Code (Instr. 8)		Number		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownershi Form of Derivativ Security: Direct (D or Indirect	O) ct
				Code	V (A	(D)	Date Exerc		Expiration Date	Title	Amount or Number of Shares				
Repor	ting O	wners													

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

Signatures

/s/ Lewis A. Fanger	11/20/2019	
**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).

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.