FORM 4

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

OMB APPRO	VAL
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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	8)														
Name and Address of Reporting Person * adams kenneth robert				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) 06/11/2020							_	Officer (give	e title below)	Othe	r (specify below	7)
(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)				Table I - Non-Derivative Securities Acqui							Acquir	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea					Cod (Ins	ransaction le tr. 8)	4. Securities Acqu (A) or Disposed o			f (D) Owned Follow Transaction(s)		Securities Beneficially ving Reported		6. Ownership Form:	'. Nature of Indirect Beneficial	
				(Monti	h/Day/Yea		Code V	/ Am	Amount (A) or		Price	(Instr. 3 and 4)				Ownership (Instr. 4)
Commor	Stock		06/11/2020				A	6,9	6,936 A	A \$	\$0 9	9,371		D)	
Reminder:	Troport on a						Pers	sons v	m are r	ot re	quired	collection of to respond IB control r	unless the		ed SEC	474 (9-02)
Kemmuer.	1 coport on a .						Pers	sons v		•					ed SEC	474 (9-02)
1. Title of Derivative Security (Instr. 3)	2.	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	(e.g., pu 4. Transac Code	ive Securi its, calls, w 5. Nu tion of Deriv	arran mber ative ities red	Persin the disp	sons whis for olays a dispose s, conversion Date	m are racurrend of, or sertible suble and	not rec ntly va Benefi securit	quired alid OM icially O ies)	to respond IB control re Owned and Amount rlying es	unless the number.		f 10.	11. Natur of Indirec Beneficia 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	(e.g., pu 4. Transac Code	ive Securi its, calls, w 5. Nu tion of Deriv) Secur Acqu	mber ative ities red sed	Persin the dispersion of the control	sons whis for olays a dispose s, conversion Date	m are racurrend of, or sertible suble and	not rec ntly va Benefi securit	quired alid OM icially Ocies) 7. Title of Under Securition	to respond IB control re Owned and Amount rlying es	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned	f 10. Ownersh Form of Derivativ Security Direct (I or Indire	11. Natur of Indired Beneficia 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	(e.g., pu 4. Transac Code	ive Securi tts, calls, w 5. Nu tion of Deriv) Secur Acqu (A) o Dissecor of (D	mber ative ities red sed	Persin the dispersion of the control	sons whis for olays a Dispose s, convertisation Date Day/Yea	m are racurrend of, or sertible suble and	not reently va	quired alid OM icially Ocies) 7. Title of Under Securition	to respond IB control re Owned and Amount rlying es	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(f 10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Natur of Indired Beneficia 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	06/15/2020
**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.