## FORM 4

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

OMB APPE	OVAL
OMB Number:	3235-0287
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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 Responses	s)															
Name and Address of Reporting Person   Caracciolo Kathleen M				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				
(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							r)	-	Officer (g	rive title below)	Oth	er (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								s Acquir	ired, Disposed of, or Beneficially Owned				
(Instr. 3) Date		2. Transaction Date (Month/Day/Year	/ /		Date, if	Cod	ransacti le tr. 8)	( <i>A</i>	4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)		f (D) Owned Follow Transaction(s)		owing Reporte s)	ed	Ownership Form:	Beneficial Ownership lirect (Instr. 4)	
				(Month/Da		y/Year)	C	code	V Amount (A) o		(A) or (D)	Price	or India (I)		or Indirect		
Common	Stock											1	16,304			D	
			Table II -					di	splays Dispo	s a cur	rently v	valid ON ficially (	MB contro	d unless the number.			
1. Title of Derivative Conversion Date 3A. Deemed Execution Date, if		Code Derivative			rive ies ed	6. Date Exercisable and Expiration Date (Month/Day/Year)			nd	7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownersh Form of Derivativ Security: Direct (I or Indire	(Instr. 4)		
				Code	V	(A)	(D)	Date Exercis	sable	Expira Date	ation	Title	Amou or Numb of Shares	er			
Stock Option (Right to Buy)	\$ 1.73	06/11/2020		A		8,000		06/11	/2021	06/1	1/2030	Comm Stoc	1.8.00	\$ 0	8,000	D	

### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Caracciolo Kathleen M 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.