| FORM | 4 |
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| Check this box if no |
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| longer subject to |
| Section 16. Form 4 or |
| Form 5 obligations |
| may continue. See |
| Instruction 1(b). |
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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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 [*] Fanger Lewis A. | I | 2. Issuer Name and FULL HOUSE R | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | |
|------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------|---------------|---------|-------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------|----------------------------------------|
| (Last) (First) C/O FULL HOUSE RESORTS, INC FESTIVAL PLAZA DRIVE, SUITE | ., 1980 | 3. Date of Earliest Transaction (Month/Day/Year) 06/11/2020 | | | | | X_Officer (give title below) Other (specify below) Sr. VP, CFO and Treasurer | | | |
| (Street) LAS VEGAS, NV 89135 | 4 | If Amendment, Da | te Original I | Filed(1 | Month/Day/Y | /ear) | 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 Acquired, Disposed of, or Beneficially Owned | | | | | | | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2 | Code | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | | Form: | 7. Nature of Indirect Beneficial |
| | | (Month/Day/Year) | Code | v | Amount | (A) or (D) | Price | (Instr. 3 and 4) | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| Common Stock | | | | | | | | 75,000 | D | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

| (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | |
|----------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------|-------|------|-----------|-----------|------------------------------------------------------------|-------------|--------------------|-----------------|----------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------|--|
| Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date (Month/Day/Year) | · · · | Code | tion) | Securitie | umber erivative irities isposed)) r. 3, 4, | | r) Securities | | Derivative | Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form of Derivative Security: Direct (D) or Indirect (I) | Beneficial | |
| | | | | Code | v | (A) | (D) | Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | (Instr. 4) | |
| Employee Stock Option (Right to Buy) | \$ 1.73 | 06/11/2020 | | А | | 50,000 | | <u>(1)</u> | 06/11/2030 | Common Stock | 50,000 | \$ 0 | 50,000 | D | |

Reporting Owners

| | Relationships | | | | | | |
|----------------------------------------------------------------------------------------------------------------|---------------|--------------|---------------------------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Fanger Lewis A. C/O FULL HOUSE RESORTS, INC. 1980 FESTIVAL PLAZA DRIVE, SUITE 680 LAS VEGAS, NV 89135 | Х | | Sr. VP, CFO and Treasurer | | | | |

Signatures

| /s/ Lewis A. Fanger | 06/15/2020 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

(1) The option vests in three equal annual installments beginning on June 11, 2021.

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.

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).