## FORM 4

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

OMB APPE	ROVAL
OMB Number:	3235-0287
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oure per reenone	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

	pe Response														
Name and Address of Reporting Person   Hartmeier Michael 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)XDirector10% Owner				
(Last) (First) (Middle) C/O FULL HOUSE RESORTS, INC., 1980 FESTIVAL PLAZA DRIVE, SUITE 680				3. Date of Earliest Transaction (Month/Day/Year) 12/03/2020							Officer (give	e title below)	Oti	ner (specify belo	w)
(Street) LAS VEGAS, NV 89135			4. If Amendment, Date Original Filed(Month/Day/Year)						_X_	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							ed					
(Instr. 3) Date		2. Transaction Date (Month/Day/Year	Execution (	•		(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Owned Following Reported Transaction(s)			Ownership of Form:	7. Nature of Indirect Beneficial	
				(Month	/Day/Year)		ode V	Amount	(A) or (D)	Price	(Instr. 3 and 4)			Direct (D) Ownershi or Indirect (Instr. 4) (I) (Instr. 4)	
Common	n Stock		12/03/2020			A	A	1,675	A	\$ 0 1,6	575			D	
			Table II -		ve Securiti		displa quired, Disp	ys a cur	rently v	valid OME ficially Ow	control n	unless the umber.	e torm		
1. Title of		Exercise (Month/Day/Year) any (Month/Day/Year) rivative		(e.g., pu	ts, calls, wa	rrants	ontions c								
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date	Execution Date, if	Code	Deriva Securit Acquir (A) or Dispos of (D) (Instr.	tive (ties red	6. Date Exe Expiration I (Month/Day	rcisable a					9. Number Derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	Owners: Form of Derivati Security Direct ( or Indire	Ownershi (Instr. 4)
Security	or Exercise Price of Derivative	Date	Execution Date, if any	Transact Code	of Deriva Securit Acquir (A) or Dispos of (D)	tive ties red red red 3, 4,	6. Date Exe Expiration I	rcisable a	nd	7. Title ar of Underly Securities	ying	Derivative Security	Derivative Securities Beneficially Owned Following Reported Transaction	Owners. Form of Derivati Security Direct (1) or Indirect (S)	of Indirect Beneficia Ownershi (Instr. 4)

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Hartmeier Michael A. 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	12/04/2020
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.