FORM	4
------	---

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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 Type Responses)												
1. Name and Address of Reporting Person [*] – Guidroz Elaine			2. Issuer Name an FULL HOUSE I			e .			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) 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) 12/04/2020						X_Officer (give title below) Other (specify below) VP, Secretary, General Counsel			
LAS VEGAS, NV 8	4. If Amendment, D	ate Original	Filed	d(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 Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if Code		-	(A) or D	curities Acquired r Disposed of (D) : 3, 4 and 5) unt (A) or (D) Price		··· ··· ··· ··· ··· ··· ··· ··· ··· ··	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
Common Stock		12/04/2020		М		8,556	А	\$ 1.51	24,000	D		
Common Stock		12/04/2020		S		8,556	D	\$ 3.7401	15,444	D		
Common Stock									608	Ι	By spouse	

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 SEC 1474 (9-02) 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

(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)															
1. Title of			3A. Deemed									10.	11. Nature		
Derivative	Conversion		Execution Date, if	Transaction of		Expiration Date		of Underlying		Derivative		Ownership			
Security	or Exercise	(Month/Day/Year)	any	Code		Deri	ivative	(Month/Day/Year)		Securities		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Securities				(Instr. 3 and 4)		(Instr. 5)	Beneficially	Derivative	Ownership		
	Derivative			Acquired							Owned	Security:	(Instr. 4)		
	Security			(A) or							Following	Direct (D)			
				Disposed							Reported	or Indirect			
				of (D)							Transaction(s)	(I)			
				(Instr. 3, 4,							(Instr. 4)	(Instr. 4)			
				and 5)							Ì.				
											Amount				
											or				
								Date	Expiration		Number				
								Exercisable	Date		of				
				Code	v	(A)	(D)				Shares				
-				Coue	v	(11)	(D)				Shares				
Employee															
Stock															
	\$ 1.51	12/04/2020		М			0 556	<u>(1)</u>	05/05/2025	Common Stock	12 556	\$ 0	35,000	D	
Option	\$ 1.51	12/04/2020		IVI			8,556	1.1	03/03/2023	Stock	43,330	\$0	33,000	D	
(right to										21001					
buy)															
<i></i> ,,,															

Reporting Owners

	Relationships						
Reporting Owner Name / Address		10% Owner	Officer	Other			
Guidroz Elaine C/O FULL HOUSE RESORTS, INC. 1980 FESTIVAL PLAZA DRIVE, SUITE 680 LAS VEGAS, NV 89135			VP, Secretary, General Counsel				

Signatures

12/07/2020 /s/ Elaine Guidroz

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).
- (1) The stock option vested in three equal annual installments on May 5, 2016, 2017 and 2018.

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.