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

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

(Print or Ty	pe Response	s)		1												
Name and Address of Reporting Person * Caracciolo Kathleen M				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) 05/19/2021							Office	er (give title belo	ow)	Other (sp	ecify belo	w)
(Street) LAS VEGAS, NV 89135				4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) 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)	2A. Deemed Execution Date, i	3. Transaction Code (Instr. 8)		ction			uired of	5. Amoun Beneficial	nt of Securities ally Owned Following Transaction(s)		6. Ownership Form: Direct (D)		Beneficial Ownership
					C	ode	V	Amour	(A) or (D)	Price				(I) (Instr.	l`	nstr. 4)
Common	Stock		05/19/2021			A		5,252 (1)	A	\$ 0	21,556			D		
				Derivative Securit		quire	the fo	orm dis	splays a o	curre:	ntly valid	OMB con	spond unle trol numbe			
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Ye	3A. Deemed Execution Day Year) any	4. Transaction Code Year) (Instr. 8)	5.				cisable on Date /Year)	7. Ti Amo Und Secu (Inst 4)	itle and ount of Derivat Security (Instr. 5 and Amount or		ve Derivative Securities	Ow For Der Sec Dir or I	nership m of vivative urity: ect (D) ndirect str. 4)	Beneficia Ownersh (Instr. 4)
				Code V	(A)		Date Exerc		Expiratio Date	Title	Number of Shares					
Repor	ting O	wners														

	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	05/21/2021
**Signature of Reporting Person	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) Restricted shares vest on May 19, 2022.

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.