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

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) _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) 05/13/2022				-	Office	r (give title belo	ow)	Other (specify b	elow)	
(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				
(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned						Owned				
Date	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	3. Transactio		n 4. Securities Acquir		uired of (D)	ed 5. Amount of Securities		es Following	6. Ownership Form:	7. Nature of Indirect Beneficial
		(Month/Day/Year)	Code	V	Amour	(A) or (D)		(Instr. 3 a	nd 4)		\ /	Ownership (Instr. 4)
05/	13/2022		P		6,500			51,927			D	
			-	the f	orm dis	splays a o	curren eficiall	itly valid				
	1	1 1					rities)					
Date (Month/Day/Year)	Execution Date, if				6. Date Exercisable and Expiration Date (Month/Day/Year)						_	_
Month/Day/Year)		Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Moi		on Date	Amo Unde Secu	tle and unt of erlying rities r. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivati Security Direct (I or Indire	Beneficia Ownersh (Instr. 4)
	(First) RESORTS, IN DRIVE, SUIT (Street) 9135 (State) 2. T Date (Mc) 95/	(First) (Middle) RESORTS, INC., 1980 DRIVE, SUITE 680 (Street) 9135 (State) (Zip) 2. Transaction Date (Month/Day/Year) 05/13/2022 parate line for each class of securing Table II - I	FULL HOUSE (First) (Middle) RESORTS, INC., 1980 DRIVE, SUITE 680 (Street) 4. If Amendment, 10135 (State) (Zip) Ta 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) 05/13/2022 parate line for each class of securities beneficially over the case of the case	FULL HOUSE RESOR (First) (Middle) RESORTS, INC., 1980 DRIVE, SUITE 680 (Street) 4. If Amendment, Date Orig 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) (Month/Day/Year) Code 05/13/2022 P parate line for each class of securities beneficially owned direct (e.g., puts, calls, warrants, o) 3. Transaction 3A. Deemed 4. 5.	FULL HOUSE RESORTS I (First) (Middle) RESORTS, INC., 1980 DRIVE, SUITE 680 (Street) 4. If Amendment, Date Original Fi (State) 2A. Deemed Execution Date (Month/Day/Year) (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) (Month/Day/Year) Code (Instr. 8) (Table II - Derivative Securities Acquired, Diceg., puts, calls, warrants, options.	FULL HOUSE RESORTS INC [F (First) (Middle) RESORTS, INC., 1980 DRIVE, SUITE 680 (Street) 4. If Amendment, Date Original Filed(Month (State) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction (Month/Day/Year) (Code (A) or (Instr. 2) (Instr. 3) (Instr. 3) (Persons where the form distance in the form distan	FULL HOUSE RESORTS INC [FLL] (First) (Middle) RESORTS, INC., 1980 DRIVE, SUITE 680 (Street) 4. 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Deemed Execution Date, if (Month/Day/Year) Execution Date, if (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) Code V Amount (A) or Disposed of (D) (Instr. 3, 4 and 5) (Month/Day/Year) Persons who respond to t contained in this form are the form displays a currer Table II - Derivative Securities Acquired, Disposed of, or Beneficiall (e.g., puts, calls, warrants, options, convertible securities)	FULL HOUSE RESORTS INC [FLL] (First) (Middle) RESORTS, INC., 1980 DRIVE, SUITE 680 (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) (State) 2. Transaction Date (Month/Day/Year) (State) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Ocde (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Instr. 8) (Instr. 3, 4 and 5) (Month/Day/Year) 2. Transaction Date (Instr. 8) (Instr. 3, 4 and 5) (Month/Day/Year) 3. 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Toda V Amount (D) (Month/Day/Year) (Month/Day/Year) (A) or Disposed of (D) Reported Transaction (Instr. 3 and 4) (Instr. 3 and 4) (Instr. 3 and 4) Persons who respond to the collection of int contained in this form are not required to required to required to red the form displays a currently valid OMB contained in this form are not required to red the form displays a currently valid OMB contained in this form are not required to red the form displays a currently valid OMB contained in this form are not required to red the form displays a currently valid OMB contained in this form are not required to red the form displays a currently valid OMB contained in this form are not required to red the form displays a currently valid OMB contained in this form are not required to red the form displays a currently valid OMB contained in this form are not required to red the form displays a currently valid OMB contained in this form are not required to red the form displays a currently valid OMB contained in this form are not required to red the form displays a currently valid OMB contained in this form are not required to red the form displays a currently valid OMB contained in this form are not required to red the form displays a currently valid OMB contained in this form are not required to red the form displays a currently valid OMB contained in this form are not required to red the contained in this form are not required to red the contained in this form are not required to red the contained in this form are not required to red the contained in this form are not required to red the contained in this form are not required to red the contained in this form are not required to red the contained in this form are not required to red the contained	FULL HOUSE RESORTS INC [FLL] (First) (Middle) RESORTS, INC., 1980 DRIVE, SUITE 680 (Street) 4. 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	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-Fac	05/16/2022
**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).

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.