FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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

1. Name and Address of Reporting Person* adams kenneth robert			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_ Director10% Owner					
(Last) (First) (Middle) C/O FULL HOUSE RESORTS, INC., 1980 FESTIVAL PLAZA DRIVE, SUITE 680			3. Date of Earliest Transaction (Month/Day/Year) 05/19/2022						Office	r (give title belo	ow)	Other (specify b	elow)	
LAS VEGAS, NV 89	(Street)		4. If Amendm	ent, I	Date Orig	inal F	iled(Month	n/Day/Year)	-	_X_ Form fil	ed by One Repo		Check Applicate	le Line)
	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned					Owned						
1.Title of Security (Instr. 3)	Date	e onth/Day/Year)	2A. Deemed Execution Dat any (Month/Day/Y		(Instr. 8	(A) or Dispose		Disposed o	f	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Beneficial Ownership	
					Code	V	Amour	(A) or (D)	Price		(I)			(Instr. 4)
Common Stock	05/	19/2022			A		7,407	A	\$ 0	112,030			D	
Reminder: Report on a sep	parate line for each	h class of securi	ties beneficiall	y ow	ned direc	Pers	ons wh	o respon			ction of inf			1474 (9-02)
Reminder: Report on a sep	parate line for each	Table II - D	Derivative Seco	uritie	es Acqui	Pers cont the t	ons whatained in	o respon n this for splays a c	m are currer	not requ itly valid	ired to res	ormation spond unle rol numbe	ss	1474 (9-02)
1. Title of 2. 3 Derivative Conversion D	parate line for each	Table II - D (e 3A. Deemed Execution Date	Derivative Secures, calls 4. e, if Transactic Code	5 A ((es Acquirrants, o	Personne the fired, D ptions 6. D and (More)	ons whatained in	orespon on this form splays a co of, or Bene- tible secur- cisable on Date	eficiallities) 7. Ti Amo Unde	not required to the and count of erlying	OMB conf	spond unle	of 10. Ownersl Form of Derivati Security Direct (I or Indire	11. Natur of Indire Benefici Ownersh (Instr. 4)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
adams kenneth robert 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	05/23/2022
**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).
- (1) Restricted shares vest on May 19, 2023.

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.