FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

APPROVAL

OMB Number:	3235-0287
Estimated average burden	
hours nor rechence:	0.5

#### Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

10b5-1(c). See Instr	uction 10.						
1. Name and Address of Reporting Person*  Guidroz Elaine			2. Issuer Name and Ticker or Trading Symbol FULL HOUSE RESORTS INC [ FLL ]		ionship of Reporting Person all applicable) Director	n(s) to Issuer	
(Last) (First) (Middle) C/O FULL HOUSE RESORTS, INC.		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/19/2025	X	Officer (give title below) SVP Secretary, Genera	Other (specify below)	
1980 FESTIVAL PLAZA DRIVE, SUITE 680 (Street) LAS VEGAS NV 89135			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individ	dual or Joint/Group Filing (C Form filed by One Reporti Form filed by More than C	ng 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, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Ac Disposed Of (D			Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		
Common Stock	05/19/2025		A		28,099(1)	A	\$ <del>0</del>	75,440(2)	D	
Common Stock								608	I	By Spouse

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Ir 8)				6. Date Exerc Expiration Day/\(\text{Month/Day/\}\)	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		

#### Explanation of Responses

- 1. This grant of 28,099 shares of restricted stock was approved by the compensation committee of the board of directors (the "Compensation Committee") of Full House Resorts, Inc. (the "Company") under the Company's 2025 Equity Incentive Plan pursuant to the Annual Incentive Plan for Executives (the "Plan"). The restricted stock will vest in three equal annual amounts on May 19, 2026, 2027 and 2028.
- 2. Not included in this report is the grant of 28,099 shares of restricted stock approved by the Compensation Committee of the board of directors of the Company under the Plan. The restricted stock will vest in three equal annual amounts on May 19, 2026, 2027 and 2028, subject to the achievement of certain performance-based criteria in 2025, 2026 and 2027, including annual growth rates of EBITDA and free cash flow per share. Each such annual amount will be reported following the date of vesting.

/s/ Lewis A. Fanger, Attorney-in-Fact 05/20/2025

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.