

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

OMB APPROVAL				
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Estimated average burden				
nours per response	e 0.5			

INITIAL STATEMENT OF 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)								
Name and Address of Reporting Person * LANDAU ELLIS	2. Date of Event Requiring Statement (Month/Day/Year) 11/28/2014				3. Issuer Name and Ticker or Trading Symbol FULL HOUSE RESORTS INC [FLL]			
(Last) (First) (Middle) C/O FULL HOUSE RESORTS, INC.,, 4670 SOUTH FORT APACHE ROAD, SUITE 190	11/20/2014		Issuer (Check a _X_DirectorOfficer (give title	Issuer (Check all applicable) X_Director		5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) LAS VEGAS, NV 89147				below)	below)	Applicable I _X_ Form fi	lual or Joint/Group Filing(Check Line) iled by One Reporting Person led by More than One Reporting Person	
(City) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned						
1.Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)			ally Owned (Ownership orm: Direct D) or Indirect D) or Indirect D) nstr. 5)			
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 in this form are not required to respond unless the form displays a currently valid OMB control number. Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
(Instr. 4)			•	Price of Derivative	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Expiration Date Title Amount or Number of Shares Security	Security	(D) or Indirect (I) (Instr. 5)					

Reporting Owners

Reporting Owner Name / Address		Relationships					
		10% Owner	Officer	Other			
LANDAU ELLIS C/O FULL HOUSE RESORTS, INC., 4670 SOUTH FORT APACHE ROAD, SUITE 190 LAS VEGAS, NV 89147	X						

Signatures

/s/ Ellis Landau	12/08/2014
**Signature of Reporting Person	Date

Explanation of Responses:

No securities are beneficially owned

- * If the form is filed by more than one reporting person, see Instruction 5(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.