Edgar Filing: FULL HOUSE RESORTS INC - Form 4

FULL HOUSE Form 4 May 07, 2015	RESORTS INC	2									
FORM Check this bif no longer subject to Section 16. Form 4 or Form 5 obligations may continue <i>See</i> Instruction 1(b).	ox STATEMI Filed pursu e. Section 17(a)	ENT OF uant to So) of the P	Was CHAN ection 16 ublic Uti	hington, GES IN I SECUR	D.C. 205 BENEFIC ITIES Securitioning Comp	49 C IAI es Ex pany	OW chang Act of	COMMISSION NERSHIP OF e Act of 1934, f 1935 or Sectio 40	OMB Number: Expires: Estimated a burden hou response		
Caracciolo Kathleen M Symbol				r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)(First)(Middle)3. Date of (Month/D)C/O FULL HOUSE RESORTS, INC., 4670 SOUTH FORT APACHE ROAD, SUITE 19005/05/20				-				X_Director10% Owner Officer (give titleOther (specify below) below)			
				endment, Date Original nth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
(City)		Zip)	Table	e I - Non-Do	erivative S	ecurit	ies Acq	Person Juired, Disposed of	f, or Beneficial	ly Owned	
	. Transaction Date Month/Day/Year)	Execution any	Deemed 3. ution Date, if Tra Co th/Day/Year) (In		Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or		quired of	• • •	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	•	
$\begin{array}{c} \text{Common} \\ \text{Stock} \ \underline{(1)} \end{array} 0$	5/05/2015			А	13,245	А	\$0	31,245	D		

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 Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date		Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Caracciolo Kathleen M C/O FULL HOUSE RESORTS, INC. 4670 SOUTH FORT APACHE ROAD, SUITE 190 LAS VEGAS, NV 89147	х					
Signatures						
/s/ Lewis A. Fanger, attorney-in-fact 05/06/2015						

Date

**Signature of Reporting Person

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) Exhibit List: Exhibit 24 Power of Attorney

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.