Edgar Filing: FULL HOUSE RESORTS INC - Form 4

FULL HOUS Form 4 May 26, 2015	SE RESORTS 1	INC									
FORM									PROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COM Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287			
Check thi if no long subject to Section 10 Form 4 ou Form 5 obligation may conti <i>See</i> Instru 1(b).	6. Filed p Section 1	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 20(b) of the Investment Company Act of 1040								Expires: January 31, 2005 Estimated average burden hours per response 0.5	
(Print or Type R	Responses)										
1. Name and Address of Reporting Person <u>*</u> Tirpak Bradley M			2. Issuer Name and Ticker or Trading Symbol FULL HOUSE RESORTS INC [FLL]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) C/O FULL HOUSE RESORTS, INC., 4670 SOUTH FORT APACHE, SUITE 190			3. Date of Earliest Transaction (Month/Day/Year) 05/21/2015					X_ Director 10% Owner Officer (give title Other (specify below) below)			
LASVEGA	(Street) S, NV 89147		ndment, Dat th/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 				
LAS VEUA	S, INV 09147							Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ties Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any	med on Date, if Day/Year)	Code (Instr. 8)	n(A) or Dis (Instr. 3, 4	(A) or	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	05/21/2015			Code V P	Amount 10,000	(D) A	Price \$ 1.56 (1)	502,227	D		
Common Stock	05/22/2015			Р	15,000	А	\$ 1.55	517,227	D		

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

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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)	2. 3. Transaction Date Conversion (Month/Day/Year) or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. TransactionNumber Code of (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secut Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Reporting Owners											
R	eporting Own	er Name / Address	Director	Relation	-	er Other					
4670 SOU	L HOUSE F	RESORTS, INC. APACHE, SUITE 9147	E 190 X								
Signa											
/s/ Elaine attorney-i	e Guidroz, n-fact		05/26/2015								

Explanation of Responses:

**Signature of Reporting Person

- * 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).

Date

The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$1.55 to \$1.58, inclusive. The reporting person undertakes to provide Full House Resorts, Inc., any security holder of Full House Resorts, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at

each price within the range set forth in this footnote (1) to this Form 4.

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.