#### Edgar Filing: FULL HOUSE RESORTS INC - Form 3

#### FULL HOUSE RESORTS INC Form 3 December 08, 2014 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB

### INITIAL STATEMENT OF 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 30(h) of the Investment Company Act of 1940

2 Data of Essent Dessaint

(Print or Type Responses)

1 Name and Address of Penerting

1. Name and Address of Reporting Person <u>*</u> Tirpak Bradley M				2. Date of Event Requiring Statement (Month/Day/Year)	<sup>3</sup> 3. Issuer Name and Ticker or Trading Symbol FULL HOUSE RESORTS INC [FLL]				
	(Last)	(First)	(Middle)	11/28/2014	4. Relationsh Person(s) to I	ip of Reporting	5. If Amendment, Date Original Filed(Month/Day/Year)		
C/O FULL HOUSE RESORTS, INC.,, 4670 SOUTH FORT APACHE ROAD, SUITE 190 (Street) LAS VEGAS, NV 89147			FORT TE 190		(Check all applicable) Director 10% Owne Officer Other (give title below) (specify below)		Owner f 6. Individual or Joint/Group		
	LAS VEGAS	5,A IN V A	09147				Form filed by More than One Reporting Person		
	(City)	(State)	(Zip)	Table I - N	Non-Deriva	tive Securiti	ies Beneficially Owned		
	1.Title of Secur (Instr. 4)	ity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Common Sto	ock		463,982		D	Â		
Reminder: Report on a separate line for each class of securities beneficion owned directly or indirectly. Persons who respond to the collection of information contained in this form are not required to respond unless the form displic urrently valid OMB control number.				pond to the collection of ained in this form are not and unless the form displ	t z	SEC 1473 (7-02	2)		

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

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
			Derivative	Security:	

## OMB APPROVAL

OMB Number:	3235-0104
Expires:	January 31, 2005
Estimated av burden hours response	

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Date	Expiration	Title	Amount or	Security	Direct (D)
Exercisable	Date		Number of		or Indirect
			Shares		(I)
					(Instr. 5)

# **Reporting Owners**

> > Reporting Person

<b>Reporting Owner Name / Address</b>		Relationships			
		Director	10% Owner	Officer	Other
Tirpak Bradley M C/O FULL HOUSE RESORTS, INC., 4670 SOUTH FORT APACHE ROAD, SUITE 190 LAS VEGAS, NV 89147		ÂX	Â	Â	Â
Signatures					
/s/ Bradley M. Tirpak	12/08/2014				
<u>**</u> Signature of	Date				

# **Explanation of Responses:**

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.