## FORM 4

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

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

#### STATEMENT OF CHANGES IN 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	s)															
Name and Address of Reporting Person * HILLIOU ANDRE				2. Issuer Name <b>and</b> Ticker or Trading Symbol FULL HOUSE RESORTS INC [FLL]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner					
(Last) (First) (Middle) C/O FULL HOUSE RESORTS INC., 4670 S. FORT APACHE RD #190				3. Date of Earliest Transaction (Month/Day/Year) 05/18/2007							y/Year)	X Officer (give title below) Other (specify below)  Chief Executive Officer					
(Street) LAS VEGAS, NV 89147				4. If Amendment, Date Original Filed(Month/Day/Year)							h/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 Person					
(City)	45, NV 8	(State)	(Zip)			Т.	abla I	Non	Dor	ivetive	Securities	Acan	irad Dien	need of or l	Ronoficially	Owned	
(Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any		te, it	3. Transa Code (Instr. 8)				uired of (D)	5. Amoun Beneficia Reported	nt of Securities ally Owned Following 1 Transaction(s)		6. Ownership Form:	Beneficial	
			(Month/Day/Year)			ode	V	Amour	(A) or (D)	Price	(Instr. 3 a	tr. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownershi (Instr. 4)		
Common S	tock		05/18/2007				1	A		5,000	A	\$ 3.45	287,500	1		D	
			Table II - J					quire	cont the f d, Di	ained i orm di	n this for splays a of, or Ben	rm ar curre eficia	e not requently valid		spond unle trol numbe	ess	1474 (9-02
(Instr. 3) Pr		3. Transaction Date (Month/Day/Y	3A. Deemed Execution Da Year) any	4. Transaction Code (Instr. 8)		5.		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. T Am Und Sec	Citle and count of derlying urities str. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivat Securit Direct of Or India	f Benefi Owner (Instr.		
					Code	V	(A)	(D)	Date Exer	cisable	Expiration Date	n Titl	Amount or Number of Shares				
Reporti	ing O	wners															

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
HILLIOU ANDRE C/O FULL HOUSE RESORTS INC. 4670 S. FORT APACHE RD #190 LAS VEGAS, NV 89147	X		Chief Executive Officer				

# **Signatures**

/s/ Andre M. Hilliou	05/18/2007
**Signature of Reporting Person	Date

### **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).

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.