FORM	4
------	---

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

(Print or Type Responses)

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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)										
1. Name and Address of Repo ELAM THOMAS WES	2. Issuer Name and Ticker or Trading Symbol FULL HOUSE RESORTS INC [FLL AMEX]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
(Last) (First 4670 SOUTH FORT AP ROAD, SUITE 190	, , , , , , , , , , , , , , , , , , , ,	3. Date of Earliest Transaction (Month/Day/Year) 05/31/2006					X Officer (give title below) Other (specify below) VP of Ops and Project Mgnt.			
(Stree LAS VEGAS, NV 8914	4. If Amendment, Date Original Filed(Month/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) (Stat	e) (Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Ownership Form: 0f Indire Benefici	7. Nature of Indirect Beneficial Ownership
			Code	V	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock	05/31/2006		А		35,000	А	\$0	42,000	D	

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

SEC 1474 (9-02)

contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Persons who respond to the collection of information

520 11/1 () 02

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

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

(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exer	cisable	7. Tit	tle and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	ı Nu	mber	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	erlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	De	rivative	:		Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Sec	curities			(Instr	: 3 and		Owned	Security:	(Instr. 4)
	Security				Ac	quired			4)			0	Direct (D)	
					(A)							1. L	or Indirect	
						sposed						Transaction(s)	< / S	
					of	· /						(Instr. 4)	(Instr. 4)	
					· ·	str. 3,								
					4, 8	and 5)								
										Amount				
							Date	Expiration		or				
							Exercisable	*	Title	Number				
							LACICISAUIC	Date		of				
				Code V	(A) (D)				Shares				

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
ELAM THOMAS WESLEY 4670 SOUTH FORT APACHE ROAD SUITE 190 LAS VEGAS, NV 89147			VP of Ops and Project Mgnt.				

Signatures

/s/ T. Wesley Elam	06/30/2006
**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.