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

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

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 Ty	pe Kesponse	s)		1														
1. Name and Address of Reporting Person * HILLIOU ANDRE				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)  X Director 10% Owner								
(Last) (First) (Middle) 4670 SOUTH FORT APACHE ROAD, SUITE 190				3. Date of Earliest Transaction (Month/Day/Year) 05/31/2006						X Officer (give title below) Other (specify below)  Chief Executive Officer								
(Street)				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								
LAS VEGAS, NV 89147 (City) (State) (Zip)				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)					4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)			Beneficia Reported	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		For	nership o m: E	7. Nature of Indirect Beneficial Ownership		
				(Month/Day/Y	ear)	Coo	de	V	Amour	nt	(A) or (D)	Price		(Instr. 3 and 4)		or ] (I)		nstr. 4)
Common	Stock		05/31/2006			A			275,00	00	A	\$ 0	282,500	0		D		
				Derivative Sec			quire	the t	form dis	spla	ays a o	curre eficial	ntly valid	OMB con	spond unle trol numbe			
Security	2. Conversion or Exercise Price of Derivative Security	3. Transactio Date (Month/Day/	n 3A. Deemed Execution Da any	te, if Transaction Code (Instr. 8)		5.				7. T Am Und Sect	itle and ount of lerlying urities tr. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly n(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	(Instr. 4)		
				Code	V	(A)	(D)	Date Exe	e rcisable	Ex <sub>j</sub> Da	piration te	Title	Number of Shares					
Renor	ting ()	wners																

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
HILLIOU ANDRE 4670 SOUTH FORT APACHE ROAD SUITE 190 LAS VEGAS, NV 89147	X		Chief Executive Officer				

# **Signatures**

	/s/ Andre M. Hilliou	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.