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

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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 Ty	pe Response	s)											1					
1. Name and Address of Reporting Person* adams kenneth robert				2. Issuer Name and Ticker or Trading Symbol FULL HOUSE RESORTS INC [FLL]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner								
(Last) (First) (Middle) C/O FULL HOUSE RESORTS, INC., 4670 SOUTH FORT APACHE ROAD, SUITE 190				3. Date of Earliest Transaction (Month/Day/Year) 07/27/2007						Office	er (give title belo	ow)	Other	r (specify belo	w)			
(Street) LAS VEGAS, NV 89147				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						ured, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/		Execu	2A. Deemed Execution Date, if		(Instr. 8)		1		quired of (D)	5. Amour Beneficia Reported	ant of Securities ially Owned Following d Transaction(s)		6. Ow For	rnership or rm: B	Beneficial
					(Mon	th/Day/Year)		ode	V	Amoun	(A) or t (D)	Price	(Instr. 3 a	ind 4)		or I	\ /	wnership nstr. 4)
Common	Stock		07/27/	2007				P		1,000		\$ 3.508	6,400		D			
						ative Securit		t	the fo	orm dis	splays a	curre	ently valid	OMB con	spond unle trol numbe			
Security		3. Transaction Date (Month/Day/	Year) Exec	3A. Deemed Execution Date,	4. Transaction Code Year) (Instr. 8)		5.		6. Da and I (Moi	ate Exerc Expirationth/Day/	te Exercisable (xpiration Date th/Day/Year)		Fitle and nount of derlying purities str. 3 and	8. Price of Derivative Security (Instr. 5)		y n(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownersh (Instr. 4)
						Code V	(A)		Exerci		Date	Title	Number of Shares					
Repor	ting O	wners			C	Code V	(A)		Date Exer		Expiration Date	on Tit	or Number of					

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
adams kenneth robert C/O FULL HOUSE RESORTS, INC. 4670 SOUTH FORT APACHE ROAD, SUITE 190 LAS VEGAS, NV 89147	X						

Signatures

/s/ Kenneth Robert Adams	08/07/2007
**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.