## 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. 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_ Director 10% Owner X_ Officer (give title below) Other (specify below)  CEO/President				
(Last) (First) (Middle) C/O FULL HOUSE RESORTS, INC., 4670 SOUTH FORT APACHE ROAD, SUITE 190					3. Date of Earliest Transaction (Month/Day/Year) 07/02/2008											
(Street) LAS VEGAS, NV 89147				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) (State) (Zip)				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
(Instr. 3) Date			2. Transaction Date (Month/Day/Year)	any	on Date, if	Cod (Ins	3. Transaction Code (Instr. 8)		4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	nt of Securities ally Owned Following I Transaction(s)		Form:	7. Nature of Indirect Beneficial
				(Month/	Month/Day/Year		Code		Amoun	(A) or (D)	Price	(Instr. 3 a	Instr. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	
Common Stock 07/02/200		07/02/2008				P	5	5,000	ΙΛ.	\$ 2.01	297,500	)		D		
			Table II -				t quire	the foi d, Disp	rm dis	splays a of, or Ben	curre neficial	ntly valid	OMB con	spond unle trol numbe		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Ye	3A. Deemed Execution Date	4. Tra	4. Transaction Code		poer rative rities ired rosed ) . 3,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. T Am Und Seco	title and ount of lerlying urities tr. 3 and	Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	Beneficial Ownersh (Instr. 4)  (D)  rect	
				C	ode V	(A)		Date Exerci	sable	Expiratio Date	n Title	Amount or Number of Shares				
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative	Date (Month/Day/	Execution Day Year) any	ate, if Trace Co	ansaction de str. 8)	of Deriv Secur Acqu (A) o Dispo of (D (Instr 4, and	rative rities ired rosed ) . 3, 15)	and Ex (Mont)	xpiratio	on Date /Year)  Expiratio	Am Und Sec (Ins 4)	Amount of Amount or Number of	Derivative Security	Derivative Securities Beneficially Owned Following Reported Transaction	Owner Form of Deriva Securit Direct or Indi	ship of I Ber Ow (Instance)

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

# **Signatures**

/s/Andre Hilliou	07/02/2008			
***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.