# FORM 4

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

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

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

pe Responses	s)													
Name and Address of Reporting Person *  Caracciolo Kathleen M			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						
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			Transa	ction	(Month/D	ay/Year)		Office	er (give title belo	ow)(	Other (specify be	elow)
GAS, NV	(Street) 89147		4. If Amendm	nent,	Date Or	rigina	al Filed(Mo	nth/Day/Year	r)	_X_ Form fil	ed by One Rep	orting Person	• •	le Line)
)	(State)	(Zip)	Table I - Non-Derivative Securities Acqu				nired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)		Date	any		f Code (Instr. 8)		(A) c			Beneficia Reported	ally Owned Following d Transaction(s)		Form: Direct (D)	Beneficial Ownership
					Cod	le	V Amo		r Price				(I)	(Instr. 4)
Stock	(	07/14/2008			A		2,00	0 A	\$ 0	6,000			D	
						tl	he form o	lisplays a	a curre eneficia	ently valid lly Owned	OMB con			
2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Da	4. Transact Code	tion	5. Number of Derivat Securiti Acquire (A) or Dispose of (D) (Instr. 3	r a (ive es ed	6. Date Ex	ercisable tion Date	7. T Am Und Sec	Title and ount of derlying urities		Derivative Securities Beneficially Owned Following Reported	Ownersh Form of Derivativ Security: Direct (I or Indire	Beneficia Ownershi (Instr. 4)
	d Address of lo Kathleer lo Kathleer lo Kathleer lo L HOUSE FORT AP.  GAS, NV (1) ecurity  2. Conversion or Exercise Price of Derivative	lo Kathleen M  ) (First)  LL HOUSE RESORTS, FORT APACHE ROAD  (Street)  GAS, NV 89147  ) (State)  ecurity  2  Conversion or Exercise Price of Derivative  2  (Month/Day/Ye	d Address of Reporting Person   lo Kathleen M   (Middle)   L HOUSE RESORTS, INC., 4670   FORT APACHE ROAD, SUITE 190   (Street)   GAS, NV 89147   (State)   (Zip)   ecurity   2. Transaction   Date   (Month/Day/Year)    1 Stock   07/14/2008    Report on a separate line for each class of secure    Table II - I (  Conversion or Exercise   (Month/Day/Year)    2.   Conversion or Exercise   (Month/Day/Year)   Conversion o	2. Issuer Na   FULL HOI	2. Issuer Name a FULL HOUSE Conversion or Exercise Price of Derivative Security  2. Issuer Name a FULL HOUSE SUITE 190  (Street)  3. Date of Earliest 07/14/2008  3. Date of Earliest 07/14/2008  4. If Amendment,  2. Transaction Date (Month/Day/Year)  2. Transaction Date (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  4. If Amendment,  5. Transaction Date (Execution Date, if any (Month/Day/Year))  4. If Amendment,  5. Transaction Date (Execution Date, if any (Month/Day/Year))	2. Issuer Name and Tick FULL HOUSE RESORTS (Middle)  3. Date of Earliest Transactor (7/14/2008)  (Street)  4. If Amendment, Date Of Execution Date, if (Month/Day/Year)  (Stock)  7. Table II - Derivative Securities Acqueege, puts, calls, warrants, and Conversion or Exercise Price of Derivative Security  3. Date of Earliest Transactor (7/14/2008)  4. If Amendment, Date Of Execution Date, if (Month/Day/Year)  3. Transaction Date (e.g., puts, calls, warrants, and Code (Instr. and C	d Address of Reporting Person* lo Kathleen M  CHOUSE RESORTS, INC., 4670 LHOUSE RESORTS, INC., 4670 FORT APACHE ROAD, SUITE 190  (Street)  CHOUSE RESORTS, INC., 4670  (Street)  CHOUSE RESORTS  A Date of Earliest Transaction O7/14/2008  A If Amendment, Date Origin  Code (Instr. 8)  Code (Instr. 8)  Code  Conversion of Exercise Price of Derivative Security  CHOUSE RESORTS  A Date of Earliest Transaction O7/14/2008  A If Amendment, Date Origin  Code (Instr. 8)  Code  Execution Date, if any (Month/Day/Year)  A Deemed Execution Date, if any (Month/Day/Year)  Code  Code  (Instr. 8)  Code (Instr. 8)	Code   V   Amore the form of Execution of a separate line for each class of securities beneficially owned directly or indirect (A) or Exercise of Execution Date or Exercise (Month/Day/Year)   Sa. Deemed Execution Date (Month/Day/Year)   Sa. Deemed Execution Date (Month/Day/Year)   Sa. Deemed Execution Date (Month/Day/Year)   Code   V   Amore the form of Exercise (Month/Day/Year)   Sa. Deemed Execution Date (Month/Day/Year)   Sa. Deemed Execution Date (Month/Day/Year)   Code   V   Amore the form of Exercise (Month/Day/Year)   Sa. Deemed Execution Date (Month/Day/Year)   Sa. Deemed (M	2. Issuer Name and Ticker or Trading Symbol FULL HOUSE RESORTS INC [FLL]	2. Issuer Name and Ticker or Trading Symbol FULL HOUSE RESORTS INC [FLL]	2. Issuer Name and Ticker or Trading Symbol   S. Relation   Code   Namount   Code   Contained in this form are not required for exercise   Code   Contained in this form are not required for exercise   Code   Code	2. Issuer Name and Ticker or Trading Symbol (Chathleen M (Chiadle) (Diagnostic (Chies) (Diagnostic (Chies) (Diagnostic (Chies) (Diagnostic (Chies) (Diagnostic (Chies) (Chies) (Chies) (Chies) (Chies) (Chies) (Chies) (Chies) (Street) (At If Amendment, Date Original Filed(Month/Day/Year) (Street) (Annoth/Day/Year) (Street) (Street) (Street) (Annoth/Day/Year) (Street) (Annoth/Day/Year) (Chies) (Annoth/Day/Year) (Street) (Annoth/Day/Year) (Chies) (A) Original Filed(Month/Day/Year) (A) Or Exertites Acquired, Disposed of (D) (Instr. 3 and 4) (Cole) (Instr. 3) (A) or Disposed of (D) (Instr. 3) (Cole) (Instr. 3) (A) or Disposed of (D) (Instr. 3) (Cole) (Instr. 3) (A) or Disposed of (D) (Instr. 3) (Cole) (Instr. 3) (A) or Disposed of (D) (Instr. 3) (Cole) (Instr. 3) (A) or Disposed of (D) (Instr. 3) (Instr. 5) (Instr. 5) (Instr. 5)	2. Issuer Name and Ticker or Trading Symbol FULL HOUSE RESORTS INC [FLL]   S. Relationship of Reporting Person (Check all applications)   C. HOUSE RESORTS, INC., 4670   O7/14/2008   O7/	2. Issuer Name and Ticker or Trading Symbol FULL HOUSE RESORTS INC [FLL]   3. Date of Earliest Transaction (Month/Day/Year)   0/14/2008   4. If Amendment, Date Original Filed(Month/Day/Year)   0/14/2008   4. If Amendment, Date Original Filed(Month/Day/Year)   0/14/2008   4. If Amendment, Date Original Filed(Month/Day/Year)   0/14/2008   5. Relationship of Reporting Persons (Check all applicable)   0/14/2008   0/

### **Reporting Owners**

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

# **Signatures**

/s/ Kathleen M. Caracciolo	09/09/2008	
**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.