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

Print or Ty	pe Responses	s)														
1. Name and Address of Reporting Person* ELAM THOMAS WESLEY					2. Issuer Name and Ticker or Trading Symbol FULL HOUSE RESORTS INC [FLL]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below) Sr. VP of Oper and Proj Mngmnt				
(Last) (First) (Middle) 4670 SOUTH FORT APACHE ROAD, SUITE 190					3. Date of Earliest Transaction (Month/Day/Year) 04/08/2009											
(Street) LAS VEGAS, NV 89147				4. If	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 Acquir							red, Disposed of, or Beneficially Owned				
(Instr. 3) Date			2. Transaction Date (Month/Day/Yea	Exec any	Deemed cution Date	on Date, if		ction	(A) or Disposed of ((Instr. 3, 4 and 5)			(D) Beneficially Owned I Reported Transaction		ollowing	Form:	7. Nature of Indirect Beneficial
				(Mo	nth/Day/Ye	ear)	Code	V	Amoun	(A) or (D)	Price	or I		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common	Stock		04/08/2009				P		5,000	A	\$ 1.37	56,800			D	
			Table II									y Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	3A. Deemee Execution I any	(e.g.,)	eg., puts, calls, wa 4. Transaction Code (Instr. 8)		es Acquire errants, op 5. Number of Derivative Securities Acquired	and Expiration Date (Month/Day/Year) Un Sec			7. Ti Amo Unde	ntly valid OMB cont		9. Number o Derivative Securities Beneficially Owned Following	f 10. Ownersh Form of Derivativ Security. Direct (I	Ownershi (Instr. 4)
							(A) or Disposed of (D) (Instr. 3, 4, and 5)						Reported Transaction((Instr. 4)	or Indire (I) (Instr. 4)		
					Code	v	(A) (D)	Date Exer		Expiration Date	n Title	Amount or Number of Shares				
Repor	ting O	wners														
							Relations	ships								
Reporting Owner Name / Address Directo					10% Officer							Other				

Sr. VP of Oper and Proj Mngmnt

Signatures

SUITE 190

ELAM THOMAS WESLEY

LAS VEGAS, NV 89147

4670 SOUTH FORT APACHE ROAD

/s/ Thomas Wesley Elam	04/10/2009
**Signature of Reporting Person	Date

Owner

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.