FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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

1 37														
Name and Address of Reporting Person * Braunlich Carl G			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_ Director10% 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) 05/28/2009						Office	r (give title belo	ow)	Other (specify l	pelow)	
(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 PersonForm filed by More than One Reporting Person						
(City)	(State)	(Zip)		Table 1	- Non	-Derivative	Securities	Acqui	ired, Dispo	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3)		D	Transaction ate Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		(A) or Disposed of (Instr. 3, 4 and 5)		Beneficial	ally Owned Following Transaction(s)		Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
		0	5/28/2009		(A Code	V Amou 2,000	· ` /	Price \$ 0	10,000			(Instr. 4)	
Reminder:	Report on a s	separate line for e	ach class of securi	ities beneficially	owned	Ţ	Persons w	ho respo						1474 (9-02)
Reminder:	Report on a s	separate line for e	Table II - I	Derivative Secur	ities A	t cquire	Persons w contained the form d d, Disposed	ho respo in this fo isplays a	rm are curre reficial	not requesting ntly valid	ired to res	formation spond unle trol numbe	ss	1474 (9-02)
1. Title of	•	3. Transaction Date (Month/Day/Yea	Table II - I (a 3A. Deemed Execution Dat ar)	Derivative Secures, puts, calls,	5. Numof	cquirects, optober vative rities hired or osed o) r. 3,	Persons w contained the form d d, Disposed	ho respo in this fo isplays a of, or Ber rtible securcisable ion Date	rm are curre neficial rities) 7. To Amo Und Secu	not requesting ntly valid	OMB conf	spond unle	of 10. Owners Form of Derivat: Security Direct (or Indir	11. Naturof Indire Benefici Owners! (Instr. 4)

Reporting Owners

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

Signatures

/s/ Carl Braunlich	05/28/2009	
**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.