### 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*  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					
(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	below)	
(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											
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Year	(Instr. 8)		ction	4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia	nt of Securities ally Owned Following I Transaction(s) and 4)		` /	Beneficial Ownership
					C	Code	V	Amoun	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Stock		05/28/2009			A		2,000	A	\$ 0	8,000			D	
				Derivative Securi		equire	the fo	orm dis	splays a	curre:	ntly valid	OMB con	spond unle trol numbe		
1 77'41 . C	2	2 75 4	,	e.g., puts, calls, w		ts, op	ı (			— <u> </u>	V1 1	0 D : C	0.31	C 10	111 37 /
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/V	3A. Deemed Execution Date, any (Month/Day/Yea	Code	of Deriv Secur Acqu (A) o Dispo of (D (Instr	Number and		ate Exercisable Expiration Date nth/Day/Year)		Amo Und Secu	itle and punt of erlying urities r. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivat Security Direct ( or Indir	Beneficia Ownersh (Instr. 4)
				Code V	(A)	(D)	Date Exerc		Expiration Date	n Title	or Number of Shares				
Repor	ting O	wners													

	Relationships					
Reporting Owner Name / Address	Director	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	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.