FORM 4	ŀ
--------	---

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

(Print or Type Pespo

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

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

#### 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 Type Responses)		-								
1. Name and Address of Reporting Pe Caracciolo Kathleen M	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			
(Last) (First) C/O FULL HOUSE RESORT SOUTH FORT APACHE ROA		3. Date of Earliest Transaction (Month/Day/Year) 05/20/2010					Officer (give title below)	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 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 2. Transaction   (Instr. 3) Date   (Month/Day/Year		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)4. Securities A (A) or Dispose (Instr. 3, 4 and			sposed of (D)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Ownership of Indire	Beneficial
		(Wonth/Day/Year)	Code	V	Amount	(A) or (D)	Price		or Indirect (D) or Indirect (I) (Instr. 4)	
Common Stock	05/20/2010		А		2,000	А	\$0	10,000	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1474 (9-02)

contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Persons who respond to the collection of information

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.... nute calle warrante antione nvortible securiti

(e.g., puts, cans, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.	:	5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	on 1	Numb	ber	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	]	Deriv	ative			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secur				(Instr	: 3 and		Owned	Security:	(Instr. 4)
	Security				4	Acqui	ired			4)			Following	Direct (D)	
						(A) 01							1. L	or Indirect	
						Dispo							Transaction(s)		
						of (D)							(Instr. 4)	(Instr. 4)	
						(Instr.	· · · ·								
					4	4, and	15)								
											Amount				
								Date	Expiration		or				
								Exercisable		Title	Number				
								LACICISADIC	Date		of				
				Code	V	(A)	(D)				Shares				

### **Reporting Owners**

	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	Х						

## **Signatures**

/s/ Kathleen M. Caracciolo	05/20/2010
**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.