# FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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 * HILLIOU ANDRE					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) (Middle) C/O FULL HOUSE RESORTS, INC., 4670 SOUTH FORT APACHE ROAD, SUITE 190					3. Date of Earliest Transaction (Month/Day/Year) 05/20/2010								X Officer (give title below) Other (specify below)  CEO/President						
(Street) LAS VEGAS, NV 89147				4. If <i>i</i>	4. If Amendment, Date Original Filed(Month/Day/Year)							-	6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)					Table I - Non-Derivative Securities Acqui							cquii	ired, Disposed of, or Beneficially Owned						
(Instr. 3)			2. Transaction Date (Month/Day/Year)	Execut any	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 8)		(A) or Disposed of (Instr. 3, 4 and 5)		of (l	(D) Beneficia		ant of Securities ally Owned Following d Transaction(s) and 4)		6. Ownership Form: Direct (D)	hip of	7. Nature of Indirect Beneficial Ownership	
						Í	Co	de	v	Amount	(A) or (D)	Pr	rice	·			or India (I) (Instr. 4		nstr. 4)
Common		05/20/2010			P	,		2,833	A	\$ 2.9	127	304,833	,833		I	H L	illiou iving rust		
Common		05/21/2010				P	,		2,167	A	\$ 2.9	242	307,000			I	L	illiou iving rust	
Reminder:	Report on a s	separate line f	or each class of secu			-			Person the	sons whatained i	no resp n this splays	form a cι	n are urren	not requ itly valid	ction of inf lired to res OMB cont	spond unle	ess	SEC 14	74 (9-02)
1 77:1 6	I <sub>a</sub>	1 . T.			uts, calls			ts, op						.1 1	0 D : 0	0.37 1	C 10		11.37.
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day)	Execution D	ate, if	Code	on	5. Numbor of Deriv Secur Acquir (A) or Dispo of (D) (Instr. 4, and	ative ities ired r osed ) . 3,	and (Mo	Date Exercisable d Expiration Date fonth/Day/Year)		;	Amo Unde Secur	r. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Own Forn Der Sec Dire or In (s) (I)	n of Î	11. Nature of Indirect Beneficial Ownershij (Instr. 4)
					Code	V	(A)	(D)	Dat Exe		Expira Date	tion	Title	Amount or Number of Shares					

## **Reporting Owners**

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

#### **Signatures**

/s/ Andre Hilliou	05/24/2010
**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.