FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average burden						
nours per response	e 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 Response:	s)													
1. Name and Address of Reporting Person* HILLIOU ANDRE				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) 12/19/2011						X Officer (give title below) Other (specify below) CEO/President					
(Street)			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							
LAS VEGAS, NV 89147 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqui						ired. Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye			2A. Deemed Execution Date, if		(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities			6. Ownersh Form:	7. Nature of Indirect Beneficial		
			(Month/Day/Yea	ar)	Code	V	Amoun	(A) or (D)	Price	(Instr. 3 a	nd 4)		Direct (D or Indirec (I) (Instr. 4)		
Common Stock 12/19/2011				P		17,600) A	\$ 2.4	624,600			I	By Hilliou Living Trust		
Reminder:	Report on a s	separate line fo		Derivative Secur	ities	Acquir	Pers cont the f	ons wh ained ir orm dis	o respon this for plays a	rm ar curre reficia	e not requently valid	OMB con	formation spond unle trol numbe	ess	C 1474 (9-02
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/\)	3A. Deemed Execution Day Year) any	e.g., puts, calls, v 4. te, if Transaction Code (Year) (Instr. 8)	5. Nu of De Se Acc (A Di of (In 4,	erivative curities equired of or sposed (D) sistr. 3, and 5)	6. Date	ate Exerc Expiration nth/Day/	risable on Date	7. T Am Und Sec (Ins 4)	Amount or Number of Shares		9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Owne Form Deriv Secur Direct or Ind	Owners (ty: (D) irect

Reporting Owners

				Relationships					
Reporting Owner	ing Owner Name / Address		10% Owner	Officer	Other				
HILLIOU ANDRE C/O FULL HOUSE RESC 4670 SOUTH FORT APA LAS VEGAS, NV 89147		X		CEO/President					

Signatures

/s/ Andre Hilliou	12/19/2011
**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.