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 * 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_ 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) 07/30/2007							X_Officer (give title below) Other (specify below) CEO/President					
(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 I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
(Instr. 3) Date			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Year	(Instr. 8)		tion 4. Securities Acqu (A) or Disposed o (D) (Instr. 3, 4 and 5)		f Beneficia		ally Owned Following Transaction(s)		\ /	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					C	ode	V	Amoun	(A) or (D)	Price			(I) (Instr. 4)	(msu. 4)		
Common Stock 07		07/30/2007			P	5	5,000		\$ 3.5	292,500			D			
				Derivative Securit		t quire	the for d, Disp	m dis	plays a o	currer eficiall	ntly valid	OMB con	spond unle trol numbe			
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Ye.	3A. Deemed Execution Date any	e.g., puts, calls, w 4. Transaction Code Year) (Instr. 8)	5.		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form of Derivat Securit Direct or India	Beneficia Ownersh (y: (D) rect		
				Code V	(A)		Date Exercis		Expiration Date	Title	Amount or Number of Shares					
Repor	ting O	wners														

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
HILLIOU ANDRE C/O FULL HOUSE RESORTS, INC. 4670 SOUTH FORT APACHE ROAD, SUITE 19 LAS VEGAS, NV 89147	X		CEO/President			

Signatures

/s/Andre Hilliou	08/01/2007			
**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.