FORM 4

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

OMB APPROVAL
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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

` _	pe Response													
Name and Address of Reporting Person * adams kenneth robert			2. Issuer Name and Ticker or Trading Symbol FULL HOUSE RESORTS INC [FLL]				5	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				-	Office	r (give title belo	ow)	Other (specify b	elow)		
(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										
1.Title of S (Instr. 3)	Security	1	2. Transaction Date Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Yea	(Instr. 8)	(A (In	Securition (Securition (Securi	sposed of and 5)	f (D)	D) Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		ollowing	\ /	7. Nature of Indirect Beneficial Ownership (Instr. 4)
	ommon Stock 05/20/2010		05/20/2010		A	2,	,000	A 5	\$ 0	14,400		I	D	
		separate line for	each class of secur	ities beneficially o	wned direc	Person	s who r				ction of inf			1474 (9-02)
		separate line for	Table II - I	Derivative Securi	ties Acquir	Persons contain the forn	s who red in the display	his forr ays a c or Bene	n are urren ficially	not requ tly valid	uired to res	formation spond unle trol numbe	ss	1474 (9-02)
Reminder: 1. Title of Derivative Security	Report on a s	3. Transaction Date (Month/Day/Yo	Table II - I	·	ties Acquir arrants, op	Person contain the form ed, Dispositions, co	s who reled in the displayed of, one of the new control of the new con	his formays a coor Beneele securiable Date car)	ficially ities) 7. Tit Amor Unde Secur (Instr 4)	not requitly valid y Owned cle and unt of orlying	uired to res	spond unle	of 10. Ownersl Form of Derivati Security Direct (l or Indire	11. Natu of Indire Benefici Ownersh (Instr. 4)

Reporting Owners

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

Signatures

/s/ Kenneth Robert Adams	05/21/2010
**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.