## FORM 4

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

OMB APPROVAL							
OMB Number: 3235-0							
Estimated average burden							
nours per response							

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* ELAM THOMAS WESLEY				2. Issuer Name and Ticker or Trading Symbol FULL HOUSE RESORTS INC [FLL]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
		(First) T APACHE		Date of Earliest Transaction (Month/Day/Year) 5/24/2010							X Officer (give title below) Other (specify below)  Sr. VP of Oper and Proj Mngmnt					
I AGNE		(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 VE	GAS, NV	(State)	(Zip)					_								
		(2)	1						1			· ·		Beneficially	1	
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)				if Coo	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Beneficially Owned Following Reported Transaction(s)			Ownership of Form:	Beneficial		
				(Month/I	Day/Yea		Code	V	Amour	(A) or (D)	Price				Ownership (Instr. 4)	
Common	ı		05/24/2010				A		835	A	\$ 2.95	57,635			D	
Common	ı		05/25/2010				A		100	A	\$ 2.95	57,735	57,735		D	
Reminder:	Report on a s	separate line fo	r each class of secur	ities benet	ficially	owned		Pers cont	ons wh	no respo	rm ar	e not requ		formation spond unle	ss	1474 (9-02)
			Table II - I	Derivative			cquire	d, Di	isposed	of, or Be	neficia	lly Owned		iror numbe		
Security	2. Conversion or Exercise Price of Derivative Security	Date	3A. Deemed Execution Date Execution Date any	te, if Transaction Code Year) (Instr. 8)		5. Num of Deriv Secu Acqu (A) c Disp of (E) (Insti	Number and		ate Exercisable		7. T Am Und Sec	Fitle and count of derlying urities str. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Owners Form of Derivati Security Direct ( or Indire	Beneficia Ownershi (Instr. 4)
				Co	ode V	(A)	(D)	Date Exer	cisable	Expiration Date	on Titl	Amount or e Number of Shares				

#### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address		10% Owner	Officer	Other			
ELAM THOMAS WESLEY 4670 SOUTH FORT APACHE ROAD SUITE 190 LAS VEGAS, NV 89147			Sr. VP of Oper and Proj Mngmnt				

### **Signatures**

/s/ T. Wesley Elam	06/01/2010
**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.