FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
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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) 06/01/2011					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 Person _Form filed by More than One Reporting Person						
(City		(State)	(Zip)	Table I - Non-Derivative Securities Acqu					ired, Disposed of, or Beneficially Owned					
1.Title of Security 2. Transaction (Instr. 3) Date (Month/Day/Year)			f Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Form:	7. Nature of Indirect Beneficial				
				(Month/Day/Year)	Code	V	Amoun	(A) or (D)	r Price	(Instr. 3 a	and 4)			Ownership (Instr. 4)
Common	Common Stock 06/01/20		06/01/2011		A		300,00	00 A	\$ 0	607,000		I	By Hilliou Living Trust	
Reminder:	Report on a s	separate line fo		Derivative Securit	ies Acqui	Person the	sons wh tained in form dis	o responding this found in thi	rm are curre	not requesting ntly valid	ction of int uired to res OMB con	spond unle	ess	C 1474 (9-02)
Security	2. Conversion or Exercise Price of Derivative Security	3. Transactio Date (Month/Day/	n 3A. Deemed Execution Da Year) any	4. Transaction Code Year) (Instr. 8)	5.	and Expiration Date (Month/Day/Year) Un Sec		7. T Amo Und Secu (Ins	ount of lerlying urities tr. 3 and		9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	tive Ownersh (Instr. 4) (CD) rect	
				Code V	(A) (D)			Expiration Date	Title	or Number of Shares				

Reporting Owners

Reporting Owner Name / Address		Relationships					
		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	06/15/2011
**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.