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

(Print or Type Resp	ponses)												
1. Name and Address of Reporting Person* AARON BARTH F				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				
(Last) (First) (Middle) C/O FULL HOUSE RESORTS, INC., 4670 SOUTH FORT APACHE ROAD, SUITE 190			3. Date of Earliest Transaction (Month/Day/Year) 08/12/2011					X Officer (give title below) Other (specify below) Secretary						
(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,	INV	(State)	(Zip)	Ts	ıble I - No	n-Dei	rivative S	Securities	Acani	ired. Disne	osed of, or I	Beneficially (Owned	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	3. Transaction Code (Instr. 8)				ired	d 5. Amount of Securiti D) Beneficially Owned F Reported Transaction		ies Gollowing (s)	5. Ownership Form:	7. Nature of Indirect Beneficial
				(Month/Day/Year)	Code	V	Amoun	(A) or t (D)	Price	(Instr. 3 a	and 4)		\ /	Ownership (Instr. 4)
Common Stock	k		08/12/2011		P		2,000	A \$2	S 2.661	40,000			D	
				Derivative Securiti		ed, D	isposed (of, or Ben	eficial	•	OWIB COM	trol numbe		
(Instr. 3) Price of	Exercise (Month/Day ee of rivative		on 3A. Deemed Execution Da	4. Transaction Code Year) (Instr. 8)	5. 6. D Number and		Date Exercisable Expiration Date onth/Day/Year)		7. Ti Amo Undo Secu	itle and ount of erlying urities tr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownersh Form of Derivativ Security: Direct (I or Indire	Beneficia Ownersh (Instr. 4)
				Code V	(A) (D)	Date Exe	-	Expiration Date	1 Title	Amount or Number of Shares				
Reporting	g O	wners			Dolotio									

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
AARON BARTH F C/O FULL HOUSE RESORTS, INC. 4670 SOUTH FORT APACHE ROAD, SUITE 190 LAS VEGAS, NV 89147			Secretary		

Signatures

/s/ Barth F. Aaron	08/12/2011			
**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.