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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours 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

1 &			<i>U</i> ,				5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
	3. Date of Earliest Transaction (Month/Day/Year) 08/12/2011			-	Office	r (give title belo	ow)	Other (specify b	elow)		
	4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(Zip)	Ta	ıble I - No	n-Deriv	vative S	Securities	Acquii	red, Dispe	osed of, or l	Beneficially (Owned	
2. Transaction Date (Month/Day/Yea	2A. Deemed Execution Date, if	3. Transaction		4. Securities Acquired		uired of (D)	d 5. Amount of Securities			6. 7 Ownership o	7. Nature of Indirect Beneficial
	(Month/Day/Year)	Code	V	Amount	(A) or (D)		(Instr. 3 and 4)		or Indirect (Instr. 4)		
08/12/2011		A	2	2,000			18,400			D	
Table II		-	ed, Dis	posed o	of, or Ben	eficiall	-	OMB con	trol numbe	r.	
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Date Execution Date Month/Day/Year)	Date, if Transaction Code (Instr. 8)	Saction Number of		and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownersl Form of	Beneficia Ownersh
		(A) or Disposed of (D) (Instr. 3,				,			Reported Transaction	Direct (I or Indirect) (I) (Instr. 4	ect
	(Middle) DRTS, INC., 4670 ROAD, SUITE 190 (Zip) 2. Transaction Date (Month/Day/Yea) 08/12/2011 line for each class of sec Table II saction JA. Deemed Execution I any	FULL HOUSE (Middle) DRTS, INC., 4670 ROAD, SUITE 190 2. Transaction Date (Month/Day/Year) 08/12/2011 2. Transaction Date (Month/Day/Year) 08/12/2011 2. Transaction Date (Month/Day/Year) 4. If Amendment, (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) 4. If Amendment, 2A. Deemed Execution Date, if any (Month/Day/Year) 4. Transaction Code (Instr. 8)	FULL HOUSE RESOFT (Middle) DRTS, INC., 4670 ROAD, SUITE 190 A. If Amendment, Date Original Street Stree	FULL HOUSE RESORTS IN ORTS, INC., 4670 ROAD, SUITE 190 2. Transaction Date (Month/Day/Year) O8/12/2011 2. Transaction Date (Month/Day/Year) O8/12/2011 2. 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	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	08/15/2011
**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.