## 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

	pe Response			Γ							1				
1. Name and Address of Reporting Person * adams kenneth robert				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) 08/12/2011						Office	r (give title belo		Other (specify b	pelow)	
(Street) LAS VEGAS, NV 89147				4. If Amendment, Date Original Filed(Month/Day/Year) 08/15/2011						6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)			Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	any	xecution Date, if Code ny (Instr.		nsaction 4. Securities (A) or Dispo		Disposed	osed of (D) Benefand 5) Repor		Amount of Securities neficially Owned Following proted Transaction(s)		Form:	7. Nature of Indirect Beneficial
				(Month/Day/Y		Code	V	Amoun	(A) or (D)	Price		(Instr. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	Stock		08/12/2011			P		2,000	A	\$ 2.74	18,400			D	
				Derivative Secu		Acquire	the fo	orm dis	splays a	curre	ently valid	OMB con	spond unle trol numbe		
Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	3A. Deemed Execution Da any	e.g., puts, calls, 4. te, if Transactic Code Year) (Instr. 8)	5. Nu of Der Sec Acc (A) Dis of (In:	5. Number		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. T Am Un Sec (Ins 4)	Fitle and count of derlying curities str. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivati Security Direct ( or Indire	Beneficia Ownersh (Instr. 4)
				Code	V (A	(D)	Date Exerc		Expiration Date	Tit	Number of Shares				
Repor	ting O	wners													

	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	08/31/2011
**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.