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 Ty	pe Response	s)															
1. Name and Address of Reporting Person* Caracciolo Kathleen M				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) 05/10/2012								Office	r (give title belo	ow)	Other (specify l	pelow)
LAS VE	GAS, NV	(Street) 89147		4. If A	Amendn	nent,	Date	Origin	nal Filed(M	/Ionth/l	Day/Year)		_X_ Form fil	ed by One Repo	Group Filing orting Person one Reporting	•	ble Line)
(City	<i>i</i>)	(State)	(Zip)			Ta	able I	- Non	-Derivati	ive S	ecurities	Acqu	ired, Dispe	osed of, or I	Beneficially	Owned	
(Instr. 3) Date		2. Transaction Date (Month/Day/Year	2A. Deemed Execution Date, it any (Month/Day/Year		(Instr. 8)		(A) (In:	(A) or Disposed of (Instr. 3, 4 and 5)		of (D)	D) Beneficially Owned Fol Reported Transaction(s) (Instr. 3 and 4)		Following (s)	Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Commor	n Stock		05/10/2012					A	2,0	000	A	\$ 0	14,000			D	
			Table II -					quire	containe the form	ed in disp sed of	this for plays a o	m are curre eficial	e not requesting ntly valid		ormation spond unle trol numbe	ss	1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	*****	3A. Deemed Execution Day Year) any	ate, if	4. te, if Transaction Code Year) (Instr. 8)		5. Number		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. T Ame Und Secu	ritle and ount of derlying urities tr. 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	Beneficial Ownership (Instr. 4)	
									Date Exercisal		Expiration Oate	Title	Amount or Number				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Caracciolo Kathleen M C/O FULL HOUSE RESORTS, INC. 4670 SOUTH FORT APACHE ROAD, SUITE 190 LAS VEGAS, NV 89147	X					

Signatures

/s/ Kathleen M. Marsha	1	06/04/2012
**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.