FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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* 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) 11/20/2012 | | | | | 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 | | | | | |
| LAS VE | | (State) | (Zip) | | | | | ~ •.• | | | | | 0 1 | |
| | | | 1 | | | | 1 | | | | | Beneficially | 1 | I= 37 |
| (Instr. 3) | | | | * | 3. Transaction 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) | | | Ownership Form: | Beneficial | |
| | | | (Month/Day/Year) | Code | V | Amoun | (A) or (D) | Price | (Instr. 3 a | 3 and 4) | | \ / | Ownership (Instr. 4) | |
| Common | Stock | | 11/20/2012 | | P | | 2,053 | A | \$ 2.988 | 626,653 | 3 | | I | By Hilliou Living Trust |
| Reminder: | Report on a s | separate line fo | or each class of secu | · | | Pers con the | sons wh tained i form dis | no respo n this fo splays a | orm are | e not requ ntly valid | OMB con | formation spond unle trol numbe | ess | 1474 (9-02) |
| | | | | Derivative Securit (e.g., puts, calls, w | | - | - | | | lly Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/ | Execution Da Year) any | te, if Transaction Code Year) (Instr. 8) | 5. Number of Derivativ Securitie Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | and (Mo | 6. Date Exercisable and Expiration Date (Month/Day/Year) Comparison of the Exercisable And Expiration Date (Month/Day/Year) Comparison of the Exercisable And Expiration Date (Month/Day/Year) | | Amo Und Secu | ount of derlying urities str. 3 and Derivative Security (Instr. 5) | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Owners Form o Derivat Securit Direct (or India | Beneficia ive Ownersh y: (Instr. 4) D) |
| | | | | Code V | (A) (D | | - | Expiration Date | on Title | Amount or Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | | |
|--|---------------|--------------|---------------|-------|--|--|
| Reporting Owner Name / Address | Director | 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 | 11/21/2012 |
|---------------------------------|------------|
| **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.