## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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

Trinic or ry	pe Responses	s)														
1. Name and Address of Reporting Person <sup>*</sup> 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						
(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	er (give title belo	ow)	Other (specify l	elow)		
LAS VE	GAS, NV	(Street) 89147		4. If Amer	ndment,	Date	Origii	nal Filo	ed(Montl	h/Day/Year)		_X_ Form fil	ed by One Repo	Group Filing orting Person one Reporting	• •	ble Line)
(City	<i>'</i> )	(State)	(Zip)	Table I - Non-Derivative Secur				Securities	s Acquired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution any	2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		(A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia	ally Owned Following I Transaction(s)		6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership	
						С	ode	V	Amour	(A) or (D)	Price			(I) (Instr. 4)		
Common	Stock		05/10/2012				S		2,000	A	\$ 0	21,900			D	
				Derivative			equire	the fo	orm dis	splays a of, or Ben	curre eficial	ntly valid	OMB con	spond unle trol numbe		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Y	3A. Deemed Execution Da	Code	saction	5. Numl of	ber vative rities ired or osed c) : 3,	6. Datand E	te Exer	cisable on Date	7. Ti Amo Und Secu	itle and ount of erlying arities tr. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivati Security Direct ( or Indire	Beneficia Ownersh (Instr. 4)

#### **Reporting Owners**

	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	01/22/2013	
**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.