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* Guidroz Elaine				2. Issuer Name and Ticker or Trading Symbol FULL HOUSE RESORTS INC [FLL]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) 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) 08/31/2013						X Officer (give title below) Other (specify below) Secretary				
(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 PersonForm 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/Y				2A. Deemed Execution Date, if any (Month/Day/Year	ccution Date, if Code (A) or Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or		of (D)	Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock 08/31/2013				Code	V	Amount 15,000	· ` /	Price \$ 0	15,000			(Instr. 4)		
					ies Acquire	ed, Di	isposed of	f, or Bene	eficial	-				
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 any	erivative Securities Acquired, D g., puts, calls, warrants, options 4. 5. 6. D Code of Of Officer (Instr. 8) Derivative Securities Acquired (A) or Disposed			isposed of, or Beneficia convertible securities) ate Exercisable Expiration Date nth/Day/Year) 7. 7 Am Unc			itle and 8. Price of		9. Number of	of 10. Ownersl Form of Derivati Security Direct (l or Indire	Ownership (Instr. 4)
					of (D) (Instr. 3, 4, and 5)	Date		Expiration Date	Title	Amount or Number		(Instr. 4)	(Instr. 4)	
Repor	ting O	wners		Code V	(A) (D)			Jaic .		of Shares				
	Reportin		Relation	nship	s									
Reporting Owner Name / Address				Director 1	0%	Offi	icer	Other						

Owner

Secretary

Signatures

LAS VEGAS, NV 89147

Guidroz Elaine

/s/ Elaine Guidroz	09/03/2013			
**Signature of Reporting Person	Date			

C/O FULL HOUSE RESORTS, INC.

4670 SOUTH FORT APACHE ROAD, SUITE 190

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.